

Oral Hygiene

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Important Clinical
Investigation shows—

95%
GINGIVITIS
CASES IMPROVED
IN 30 DAYS

Out of a group of patients given individual dental examinations, 795 were found to be Gingivitis cases.

Approximately half the patients were first given prophylaxis. ALL were instructed to massage gums with Forhan's toothpaste. In 30 days:

*95% of the Gingivitis cases showed marked improvement
100% of those having normal gums maintained gums
in healthy condition*

Surely these significant results should justify your recommending Forhan's with massage as an effective home adjuvant to help guard against Gingivitis!

Forhan's
with massage

For Firmer Gums — Naturally Sparkling Teeth



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Picture of the Month



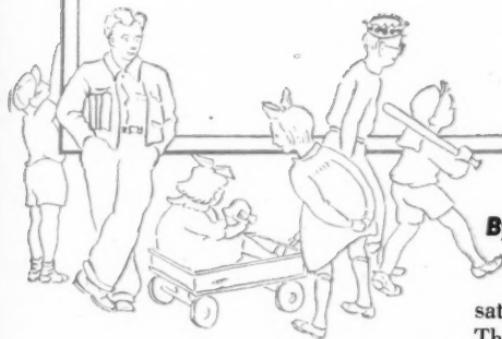
BRUNO GEBHARDT, M. D., Director of the Cleveland Health Museum, (right), is presented with an honorary fellowship in the International College of Dentists by Doctors Ralph Creig (left) and Paul Aufderheide. The presentation took place at a dinner given by the College in honor of Doctor Gebhardt.—Photograph by Howard A. Hartman, D.D.S., Cleveland.

Ten dollars will be paid for the picture used in this department each month. Send gloss prints with return postage to Oral Hygiene, 708 Church Street, Evanston, Illinois.

Fallacious beliefs regarding children's dentistry should be repudiated.



MAKING A HIT WITH CHILDREN



By ROBERT W. FISCHER, D.D.S.

IF YOU ARE the average dentist, you probably accept reluctantly the "younger-than-twelve" patient or refuse to treat him altogether, referring him instead to a pediatric dentist. Your reasons are twofold. First: remuneration for this type of service is relatively low, since the fees do not compare with those received for prosthetics for the adult patient. Second: operating on children is an unnerving proposition.

With regard to the first objection, all remarks should be prefaced with the contention that it is necessary to receive adequate remuneration in order to perform

satisfactory children's service. This is entirely possible. The fee per cavity for the child may not be high; but operating on a well-trained child patient can be faster than on an adult, and income per hour thereby can be equalized for the two types of service. Two or three deciduous amalgam restorations can be placed in the time necessary to restore one permanent molar. Parental education is another aspect of adequate children's fees; once the parent accepts the fact that restoration of a child's teeth is important, the dentist should have little difficulty receiving the fee he deserves.

With reference to the objection that treating children constitutes a nervous strain, that is not neces-

sarily so. Some children are objectionable, but certain adult patients are equally difficult. Many children are cheerful and cooperative, and serving them can be so pleasant as to compensate for the extra energy involved in answering questions and operating under the handicap of copious saliva.

What about the positive aspects of children's dentistry? A high sense of gratification may be experienced from such service, especially if one bears in mind the great need for dental service among children. A survey conducted by the New York City Department of Health and the Guggenheim Clinic disclosed that 50 per cent of all two-year-olds investigated had carious teeth; the figure rose to 95 per cent at five years of age. If the majority of American dentists will not care for children, dental health in the Nation will suffer acutely. The dentist should welcome children into his practice, therefore, in fulfillment of the obligation he assumed when he entered his profession—the obligation to render a service to his community and to society.

Building a Practice

A more prosaic consideration which should focus the dentist's attention on children lies in the

practice-building possibilities. The dentist who favors younger boys and girls constantly reaps the benefits of that inclination as his youthful patients grow up and continue to come to him, eventually bringing their own children to him also. In addition, a mother often will prefer to patronize a dentist who will treat her children as well as herself, thereby eliminating the need for two family dentists.

The enterprising dentist can fortify his children's practice if he is willing to engage in a few extracurricular activities. He may offer his lecture services without charge to various mothers' clubs, parent-teacher associations, and the public health department of his local school system. He also may offer to do children's dentistry in the outpatient department of a hospital or clinic. However, the prime factor in increasing the number of children's names in the dentist's files is a display of enthusiasm for children in the office.

Office for Children

In equipping his office for his youthful clientele, the dentist can go to any extent he wishes from improvising a few plaster toys to turning the office into a veritable nursery or playroom. Funny books or juvenile magazines, as well as allocation of a corner of the waiting room where children may romp without causing injury to the office furniture or bothering adult patients, are indispensable.

If children are to represent a



large part of the practice, a separate operating room may be furnished with such equipment as a child's dental chair and an attractive "doll house" instrument cabinet. Other suggestions are: young folks' pictures on the wall, small tables and chairs in the waiting room, other toyland furnishings, and blackboards with erasers and plenty of chalk.

Handling Parents

Once the child patient steps into the operating room, the dentist becomes a psychologist as well as a dental surgeon. It is desirable to request that the mother leave—except for the initial visit when the child is examined. On subsequent visits she should be tactfully ushered to the waiting room, her protests to the contrary notwithstanding. The reason for this is simple. With his mother present, the child usually feels that he may practice any device (such as crying) which wins him his own way at home. Once alone with the dentist, the child usually becomes a good patient.

The parent should be given the opportunity to have pointed out treatment which is to be performed in the child's mouth. If the dentist merely relates to the mother that Jimmie has seven cavities, mother may be somewhat dubious; but if she sees them in his mouth, there is little margin for doubt.

A consultation with the parent on the subject of nutrition also is beneficial. Many parents still do

not know the part played by carbohydrates in dental caries, and they usually are grateful to the dentist for his attempts to control caries in their children's mouths. If the condition of a child's teeth indicates a dietary deficiency, a more thorough discussion of nutrition should be undertaken. Pamphlets dealing with nutrition should be on hand for distribution. A discussion of tooth-brushing technique also is appreciated by the parent.

Dentist-Child Psychology

The use of anesthesia should not be a stumbling block in the dentist's relationship with the child. Local anesthesia usually is not necessary for preparation of cavities in deciduous teeth, though it can be used when the dentist suspects the presence of a pulp involvement or where the patient is unusually apprehensive. If anesthesia is administered properly the first time, the patient usually desires its benefits thereafter.

It is most important that the dentist be completely honest with the child. If there is severe discomfort ahead, the young patient should be so warned. One sharp, unexpected pain may cause a child to fear dentists for many years. Dentistry for children may be virtually painless—as most dentists have discovered. Deciduous teeth are not so sensitive as permanent teeth, and the average deciduous cavity may be prepared with no discomfort to the child aside from

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the slight noise of vibration.

It cannot be overemphasized that the first visit with the child must be pleasant. This rule should be broken only in case of an emergency necessitating immediate action.

Another important phase of dentist-child psychology is keeping the child interested in other subjects while the dental service is being performed. The wise dentist will be prepared to engage in engrossing conversation on the child's level. If the youngster discovers that his dentist is concerned with the relative pitching merits of Bob Feller and Lefty Grove, or with Superman's latest exploits, then more than half the battle is won.

It is possible, by equipping the young patient with a signal device, to give him the feeling that he is in complete control of even the most precarious dental situation. At a given signal—raising of a hand, perhaps, or sounding of a buzzer—the dentist should stop

drilling. The child may never use this device, but it is indispensable to his sense of well-being while in the dental chair. Needless to say, the dentist should scrupulously heed the signal.

There are, of course, problem children. They usually fall into one of two categories—the belligerent child who may have been spoiled at home, and the timid child who perhaps recalls a bad experience or an overheard conversation regarding a dentist. The obstreperous, belligerent child must learn that in the operating room the dentist rules. Firmness is the keynote. With the timid child, the dentist should proceed more slowly and gently than in ordinary cases.

Are you ready to try your hand at building your children's practice? It can be profitable, stimulating, challenging, gratifying, and lots of fun!

1310 Keith Building
Cleveland, Ohio

ORAL HYGIENE AWARD

ROBERT W. FISCHER, D.D.S., has been awarded the \$100 prize for the best article published in this issue of ORAL HYGIENE.

ORAL HYGIENE IS REACHING DENTAL CORPS OFFICERS

FOR MANY MONTHS, ORAL HYGIENE has been mailed to every member of the Army and Navy Dental Corps whose address has been furnished to us. Copies for those overseas are sent by first-class mail. Each DENTAL DIGEST subscriber in service continues to receive the magazine without further charge.



COLUMBIA, the Gem of Discord

Are we to reverse the trend of progress in dental education?

UP ON Morningside Heights in New York City, a feud has been brewing for some time. Columbia University has the notion that dentistry is incompetent to manage its own affairs and must, therefore, come under the protective scrutiny of medicine. Consequently, on July 1, 1945, the autonomous dental school went out of existence and dentistry at Columbia became a department within the faculty of medicine.

For some years past the dental school at Columbia has been under the thumb of the Dean of the medical school. Although eleven members of the faculty of dentistry voted against the proposal to submerge the dental school within the faculty of medicine and four voted for the proposal, former President Nicholas Murray Butler and Dean Willard C. Rappleye cast aside the result of this democratic vote and agreed to proceed with

the dissolution of the dental school.

In 1923 when Columbia University took over the \$600,000 in assets of the College of Dental and Oral Surgery of New York, the implication was strong that the University would use its considerable influence to advance dental education. There was nothing in the agreement that suggested that Columbia would eventually discontinue the dental school. No one can, of course, foresee the future. Conditions could develop in twenty-two years that would make it necessary to close the dental department at Columbia. No one, however, in the University administration has brought forth any good reasons why the dental school should go out of existence.

President Butler described the new program as a process of "strengthening of dental education, research, and practice." He was eloquently vague on exactly how the new plan will strengthen anything. No responsible person in dental education denies that dentistry and medicine should work in coordination, cooperation, and mutual helpfulness. Neither does anyone argue that training in the basic biologic sciences should be any different for dental students than for medical students. In fairness to the Columbia plan, it should be said that the published statements of President Butler and Dean Rappleye contain no expressions that could be understood as advocating that dentistry become a specialty of medicine and that the dental de-

gree should be abolished. President Butler wrote plainly: "The Columbia program recognizes the great importance of continuing the independence of dental practice and the preparation of dentists in courses of instruction developed for their own particular needs." That should mean that clinical dental courses are to be taught by dentists to qualify students for a dental degree.

Loss of Autonomy

There is nothing in the Columbia plan that resembles the ill-starred, hybrid Harvard plan that would turn out a product that was neither a well-trained physician nor a competent dentist. The greatest deficiency in the Columbia plan involves the loss of autonomy in dental education. If the dental department is to be a part of the faculty of medicine, we may expect to see non-dentists passing opinions and votes on dental subjects of which they are conspicuously ignorant. Not only are physicians generally ignorant of dentistry but they are indifferent. Faculties of medicine are so engrossed in their own problems that they have little time or interest to consider the details of dental education. Although at the outset the Columbia program may have first-rank dentists teaching clinical subjects, we may anticipate that in time these teachers will be ignored or opposed by members of the medical faculty who have no expert opinions on dental subjects.

Competent dental teachers will not long accept subservient positions on medical faculties. They will resign to go to other schools where their talents are recognized and appreciated by colleagues who are familiar with dental subjects and dental teaching.

Spirited and courageous dental teachers will not tolerate indifference or ignorant objections from non-dentists on faculties. If such teachers become too outspoken, they will be asked to resign or they will take leave of their own volition. So in time we may expect the *quality* of teaching in the clinical dental subjects to suffer because of the loss of the proper kind of teachers. Columbia will have an imposing dental department with a catalogue bulging with high-sounding biologic science courses and a faculty stuffed with Doctors of Philosophy and Medicine in the high places and a few dentists in the flunkey roles. The dental graduates with such training will be experts with the microscope and test tubes and bungling incompetents with the forceps and bur. Some of the highbrows in dental education forget that at least 90 per cent of dental practice is restoring individual teeth, removing diseased teeth, and replacing missing teeth with partial or full dentures; or to put it crudely, "fillin', pullin', and makin' teeth." This crudity of description of the realities of dental practice will offend some of the "we-too-are-men-in-white" school of dentists who want to ape physicians

and surgeons and who think that jiggling a test tube is more romantic than preparing a cavity. What we need in dental education is a little more dignity and emphasis placed on a high order of training in dental techniques. Dentists make their living and gain the appreciation from the public by their technical skills. There is nothing ignoble about being a manual worker. Without the skills of technicians radar and the atomic bomb would have remained physicists' calculations on pieces of paper. Although a knowledge of biology is fundamentally necessary for intelligent dental practice, the direct service that we give the public is a high-order technical skill. That's what the public wants from us and that's what they should have. That's what we have developed in this country to receive world acclaim as "American dentistry."

Education in Reverse

Two great American universities, Columbia and Harvard, have gone a long way toward destroying this highly developed technical service "American dentistry." The eminent presidents, Conant of Harvard and Butler of Columbia, did not deliberately and maliciously wish to destroy "American dentistry." They are both honest men who believe that the kind of dental training they envisaged was a symbol of progress and improvement. President Conant, however, speaking out of his experience, has been man enough to admit that the Har-

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yard plan has failed: "Every change is in the nature of an experiment and I say quite frankly that in several important matters this experiment (The School of Dental Medicine) has not worked. . . . The fact remains that the scheme under conditions of today has not been successful. As a consequence, we have decided to alter

the procedure, change the course, if you prefer a sailing metaphor."

The dental world will await the action of Columbia University to see if it will "change the course" of its educational experiment or allow the dental department of Columbia to be destroyed and to lose its well-earned standing.

WHO ARE "THEY"?

ONE OFTEN hears the expression at dental meetings and wherever dentists gather, "They" are not doing a good job; "They" ought to do this, that, or the other. Who are "They," who are on occasion so all-powerful, and yet often so impotent; wise and unwise, selfish and self-sacrificing, depending, of course, on whether the action taken by "They" meets with the approval of the speaker in question?

The critics of "They" are usually among those who will never themselves accept committee appointments. Why? Because they are in dentistry for their *own* benefit and feel that committee assignments are not "productive" as far as their income is concerned. These dentists are in the profession for what they can receive and not for what they can contribute.

A glance at the listing of the committees of dental societies will reveal the disheartening fact that most of the committees contain the same names year after year, and many of the names appear under two or more committees. Dental societies are still being conducted by dentists in their spare time. Such paid personnel as they employ is usually over-worked and overburdened with administrative duties. The executive and planning jobs are the concern of the membership at large but only a fraction ever realizes that "They" is really every one of the members of the organization and not some special group.—*The New York Journal of Dentistry*.

THE COVER

ORAL HYGIENE's cover this month publicizes the American Dental Association's Relief Fund. It was designed by Homer Sterling of the magazine's staff, who took the Kodachrome from which the full-color reproduction was made.



Investigated

Colonel William P. Holbrook (MC) AAF reveals waste of Army medical personnel in statement before the U. S. Senate Committee on Military Affairs.

SHORTLY BEFORE V-J Day, Resolution 134, introduced in the U. S. Senate, called for an investigation to determine how rapidly medical personnel in the armed forces could be demobilized and what economies could be put into effect in the use of medical personnel. Colonel William P. Holbrook (MC) AAF was assigned to make the investigation. Aware of Colonel Holbrook's position, which would necessitate his passing judgment on the action of medical officers who were his superiors, Secretary of War Patterson ordered that Colonel Holbrook be assigned to the Legislative and Liaison Division, War Department Special Staff, and attached to the Military Affairs Committee for duty. The following excerpts are taken from Colonel Holbrook's testimony given before the Senate

Committee on Military Affairs:

There can be no question in anyone's mind today that the American soldier has received probably the best medical and surgical care from the hands of American physicians, dentists, nurses, physical therapy aides and technicians, of any soldier in any army at any time. The question which confronts us is: "Did the Army Medical Department, with the unlimited professional medical talent, facilities, and equipment which our Nation provides, utilize to the fullest extent, and economically, this wealth of medical armament, and can economies now be effected?"

Our Medical Department had at its disposal the talents and knowledge of the American physicians whose technical and scientific advancements between 1920 and

1942 led the medical world. Our Army Medical Department was blessed with revolutionary methods of treatment made available by the development of the sulfonamides, penicillin, blood plasma, the vaccines and toxoids and serums unknown in 1920. Our Army Medical Department had available the greatest and most rapid surface and air transportation systems and facilities in the world. Our Army Medical Department could receive for the asking, the aid and consultation of our Nation's greatest executive and business brains in administrative and organizational problems.

Let us look at the record. Unfortunately, our Medical Department entered this war with almost exactly the same plans that were utilized during the war of 1917-1919. These plans were accepted without revision in light of the military experience and medical advancements of the succeeding twenty years.

With the rapid surface and air transportation for patients and troops available, and the great reserve of hospital beds in the Army installations in the United States, it is difficult to justify the complete staffing of all hospitals all over the world when our civilian population was being neglected and the future of American medicine was being jeopardized.

There are five fundamental fallacies, as we see it, which can easily be corrected, in the system:

1. The physician is comparable

to the fireman—you do not need him all the time, but he must be there when you do.

2. The physician in the military hospital is an inseparable part of the beds, equipment and physical properties, and he remains with that hospital as a part of it whether there are any patients or not.

3. The numerical strength of military units is the determining factor in arriving at the number of physicians required.

4. The physician must first be an officer, and second, a professional man.

5. Patients are patients, and they must belong to one of the several services and be cared for by the hospitals of that service, despite the fact that there may be duplication throughout the entire theater.

Long before the introduction of Senate Resolution 134, *ORAL HYGIENE* was aware of the need for a congressional investigation, believing that such an investigation would reveal the inadequacy and inefficiency of the Medical Department bureaucracy under which the Dental Corps was forced to function. *ORAL HYGIENE*'s editorial of March, 1945 carried this significant comment:

Congress has been told by the people who should know, by the leading dentists of the country as represented by the American Dental Association, that a better dental service for soldiers and sailors could be had if the Dental Corps

were allowed to function more efficiently, free from the domination of medical officers who are incompetent by education and training to evaluate dental services. The Surgeons General have told Congress that conditions as they now exist are efficient and satisfactory. There is only one way to find out who is right: by a congressional

investigation. Congress has concerned itself with conditions in Army hospitals and with the confusion in the procurement and disposition of medical supplies. A look into the Army and Navy Dental Corps administrative organization might be revealing.¹

¹Editorial: A Congressional Investigation is Needed, *ORAL HYGIENE* 35:444 (March) 1945.

"LET THE CIVILIANS HAVE THEIR DAY"

THE FOLLOWING letter was addressed to the Editor of *The Journal of the American Medical Association* by five Navy medical officers.

We are Navy medical officers on active duty for varying lengths of time ranging from thirty to forty-two months. Most of us have seen duty throughout the mid and southwest Pacific. We have given much thought to the problems of rotation and the staffing of veterans' hospitals after the war. We have two suggestions to make which we sincerely believe are practical and meritorious.

There are hundreds of Navy reserve medical officers on active duty who are over 40 years of age and have served for over three years. Many of these are married and have families. Like firemen, they have been standing by their posts, often inactive for long periods of time. They are anxious to work and to use their medical skill where it is most needed.

There are hundreds of civilian physicians who are overworked, some of them for as much as fourteen hours a day, and have been overworked for several years. Would it not be possible to have the Procurement and Assignment representative in each state relieve some of these overworked civilian physicians with relatively idle Navy medical officers? To effect the transfer in as close a location as was proper, Navy headquarters in each district could submit to Procurement and Assignment headquarters the names of reserve physicians over 40 years of age or those who have had over three years' active service and who express a desire to be relieved. The civilian physician could be shown the ropes by one of the other Navy medical officers and, like many other civilian employees of the Navy, would not have to wear a uniform.

The staffing of larger temporary Naval hospitals and of veterans' hospitals after the war deserves grave consideration. A system similar to the foregoing could be adopted for a period of thirty-six months following the end of hostilities.



So You Know Something About Dentistry!



QUIZ XV

1. What is the general direction of the enamel rods?
2. True or false? The existence of the alveolar bone depends upon the existence of cementum.
3. Name five essential oils used in dentistry.
4. What is the torus palatinus?
5. The buccolingual width of posterior teeth for dentures should be (a) more than, (b) less than, (c) the same as, the buccolingual width of corresponding natural teeth.
6. What does U.S.P. mean?
7. Do accelerators and retarders increase or reduce the strength of hardened plaster?
8. Catgut sutures are obtained from (a) cats, (b) horses, (c) sheep, (d) a synthetic source.
9. Why must porcelain coming in contact with tissue be properly glazed?
10. The scaling and polishing of teeth is called (a) odontexesis, (b) odontiasis, (c) odontocia.

FOR CORRECT ANSWERS SEE PAGE 2125



Dentists in the News

Pittsburgh (Pennsylvania) Press: Doctor R. D. Frawley, Pittsburgh dentist and owner of the Dravosburg Seaplane Base, was able to rescue one of his seaplanes and its pilot who was forced to make an emergency landing in the Youghiogheny River at McKeesport.

Alvin G. Griffin, Pittsburgh flier, rented a seaplane from Doctor Frawley's base to fly to Perryopolis and Uniontown on business. On his return late in the afternoon the engine "conked" out at 2000 feet near McKeesport. He landed in midstream and shouted for help as the current carried him downstream. He kept the debris in the river from damaging the plane's pontoons by driving it away with a chunk of wood.

Police and firemen made an unsuccessful attempt to help Griffin. Just as the plane headed for a bridge pier, Doctor Frawley arrived in a motorboat and rescued the plane and the pilot. The plane was towed back to the seaplane base on the Monongahela River. As he rode back to the base in the motorboat, Griffin said: "Doc, I have a suggestion. Seaplanes ought to be equipped with oars—just in case."

New York (New York) World-Telegram: Doctor Norman Greene, midtown dentist, has found an unusual method of eliminating the grating sounds of the drill. Attached to the headrest of his dental chair is a pair of head phones, with sponge insets, connected to a combination phonograph-radio. There is a

finger-tip volume control on the left arm of the chair for the use of the patient.

Doctor Greene evolved the technique of operating while his patients listen to recordings or radio programs, following his discharge from the Army. "I was having some teeth 'filled' and the sound of the drill unnerved me," he said. "It set me to thinking about a way to eliminate or deaden the sound."

The head phones are to the mutual benefit of the dentist and the patients. "They love it," Doctor Greene reports. "Their eyeballs no longer roll. People relax. Also, I no longer have to talk to the patients."

New London (Connecticut) Evening Day: Doctor Frank A. Lena, New London dentist, was elected to office on the City Council. The election of Doctor Lena, a Democrat, breaks two years of complete Republican control of the Council.

Chicago (Illinois) Daily Tribune: Colonel Roy Green, former dentist of Sacramento, California, commanding the 184th Regiment of the 78th Infantry Division, recently took over formal custody of the Japanese-held island of Saishu which is about one hundred miles off the south coast of Korea. Colonel Green landed by plane on the island which garrisoned 60,000 Japanese troops. Because there are 224,000 civilians there, including many Koreans, the Japanese were permitted to retain

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5 per cent of their arms and the officers were allowed to keep their swords until occupation of the island is accomplished.

This month's awards to contributors of stories for DENTISTS IN THE NEWS go to:

O. W. WOLFSON, D.D.S., 144-16, 35th Avenue, Flushing, New York.

ELIZABETH SAUTER, 159 State Street, New London, Connecticut.

CAN YOU USE A DOLLAR?

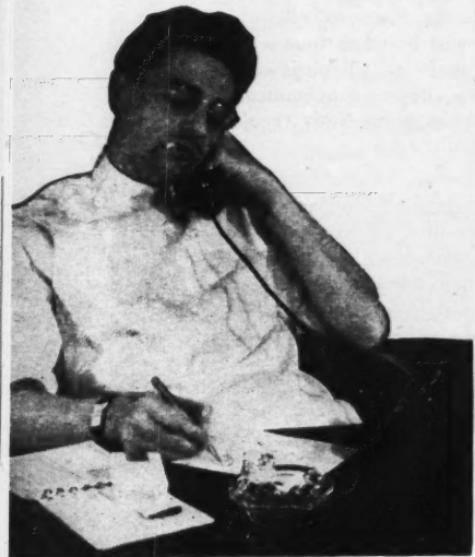
To EVERY READER who contributes a newsworthy item, something unusual about a dentist, which is published in *Dentists in the News*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.



This Japanese dentist carries his dental equipment with him as he travels about Yokohama looking for patients. American bombings have reduced his office building to rubble.—Press Association, Inc.

Between Ourselves

By S. J. LEVY, D.D.S.



THE DENTAL supply salesman calls once a week, takes your order, writes it down in his notebook, thanks you, wishes you good day, and marches off to the next customer. He sees nothing, hears nothing. That's what you think! As a matter of fact, nothing escapes him. The next time he calls, if you have a little time to spare, wind him up in conversation. If he is

Peculiarities of his colleagues come under the scrutiny of this dentist.

in the mood and will take you into his confidence, he will keep you well entertained. If your salesman is not the talkative kind, tackle your mechanic. He has information on the inner workings of every dental office he visits.

He knows what you are doing and what you ought not to be doing; your skill or lack of skill; your virtues and your faults; your queerness, if you are queer. In fact, he knows more about you than you yourself think you know. When you engage him in conversation, do not expect him to spill your story for you—he will hold it for the next fellow.

You will learn from him that some of the successful dentists are on his C. O. D. list, and why; that some order goods they do not need while they telephone for quick deliveries of things they need when the patient is in the chair; that one man is so forgetful that he takes two or three impressions for the same restoration, has them all made up, then returns the unused to the laboratory for full credit; that a certain man on his route antagonizes his patients by expounding his own pet philosophies on social, political, and religious beliefs.

A classmate of mine has been a riddle to me ever since I have known him. He is a good operator,

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does not lack patients, yet declares himself bankrupt the first of every month. If only the landlord, the laboratory, and the supply man would leave him alone he would "live the life of Reilly." I do not know how his family fares; its members do not look too prosperous. I happened to mention this riddle before my omniscient salesman. "Oh, Doctor . . .," he grinned, then proceeded to psychoanalyse him. "A nice fellow, this Doctor . . . but . . ."

A Case History

Monday morning the waiting room is filled comfortably with patients. In the operating room a woman sits in the chair waiting to be treated. The dentist is seated at the desk, head sunk deep over his morning paper. After some minutes he drops the paper, nods at the patient, walks to the wash-stand, washes his hands, dries them, and discovers that his last towel is gone. He telephones his laundry and there is an argument; he hangs up the receiver with disgust. He is now at the chair. "Open your mouth," he commands, and immediately retracts. There are no clean instruments. He throws some into the sterilizer and disappears into the laboratory, or into a door that seems to lead to an inner sanctum. When he reappears he finds the sterilizer cold—he had forgotten to turn on the current. He turns it on; washes his hands; dries them with a napkin; feels the sterilizer; walks to the chair; looks in-

to the patient's mouth, and his face turns into a question mark.

While at the desk searching among his record cards, he calls to the patient: "Name, please." The answer is evidently unsatisfactory because he continues searching among papers on the desk, inside the desk, underneath the desk. Another question: "Initials M or S?" It is F. "Ha, here it is!"

He takes a mirror and explorer from the sterilizer, looks into the patient's mouth, at the card, into the mouth, at the card, and is more puzzled than ever. He now takes the bull by the horns in direct attack: "Where did we stop last time?" The patient blinks. The telephone rings. An intimate conversation ensues with exclamations of surprise, expressions of regret, wisecracks, inquiries on the health of this one and that one, and a final good-by. "Oh, yes." The dentist is back at the chair; he makes another investigation of the mouth and the card, and exclaims: "When were you here last?"

The patient finally gets the floor. "Never. I am here for the first time."

Time elapsed—one hour; work done—zero. In the waiting room some patients have left, others have arrived. The seats are all taken. People would call this type of behavior lack of system, but it is more than that. It is forgetfulness, negligence, absentmindedness, all in one. A competent physician would call these manifestations symptoms of a fully developed psy-

chosis requiring psychiatric treatment.

The men who are from time to time summoned to court for non-payment of bills also belong in a class with the mentally subnormal. These are of two varieties. One has the money but would not part with it. His superego robs him of all consideration for the next man. The fact that he is always the loser, in money and in peace of mind, does not destroy his hope for another successful try.

The other type would pay if he could. He cannot because he does not collect. He is a busy man. Pa-

tients just love him, he is such a gentleman; he never asks for money. Any wonder they flock to him? When asked why he never sends bills he says that it is against professional ethics to ask for payment; that to do so would be rank commercialism. The truth of the matter is that he suffers from a chronic inferiority complex. He has so little confidence in himself that he does not feel quite certain that his work is worth anything. Is not the fact that patients do not send in their checks proof that they are dissatisfied?

Chester, New York

AGED PHYSICIANS GIVEN FINANCIAL AID

IN ASKING members of the county medical society to contribute half a million dollars toward the construction of a retirement home for indigent physicians of the area, the Los Angeles Physicians Aid Society stated, "We've attended ill and needy doctors in trailers, attic rooms, and renovated chicken coops, in tiny, ill-heated hotel rooms, and at the county farm. The difficulty of finding proper rest homes for them—and the expense—has been a constant problem." It was announced recently that \$135,000 in cash and pledges had been raised, and that the prospects of attaining the goal were good.

The association has been aiding needy physicians by providing food and living quarters for the well, and hospitalization, sanatorium care, dentures, and other necessary care, for the infirm. On the average, about fifty-two physicians who range in age from 58 to 94 are being aided each month. Most of them have been members of the county medical society but no deserving physician who has been a medical practitioner and a resident of Los Angeles County is turned away.

Funds come principally from membership dues and contributions, and from a monthly grant of \$300 from the state medical society. While members of the aid association are also members of the county medical society, the medical society assumes no responsibility for the benevolent group.—*Medical Economics*.

Letter

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Dear Oral Hygiene



Letter from Manila

Will you kindly send me back copies of your useful magazine ORAL HYGIENE corresponding to the years 1942, 1943, 1944, and 1945? Please include my name as a permanent subscriber to ORAL HYGIENE.

The four years of Jap invasion of the Philippine Islands made it difficult for us to follow modern dental developments. I am the Head of the Dental Service of the Military Police Command, Philippine Army Section. We lost all equipment to the Japs in our fight at Bataan. I was imprisoned for almost three years until I escaped to join the jungle guerrilla troops. When the U. S. Troops returned to the Philippines, we came down to join the dental units again and so we are now returning to normal activities. My first concern is to secure dental literature and so I thought of the useful back numbers of ORAL HYGIENE. Do you have other dental publications? Please inform me of all these so that we may subscribe to them.—MAJOR MIGUEL R. FERNANDEZ (DC), HQ., Military Police Command, Philippine Army Section, APO 501, Manila, Philippine Islands.

Return Patients to Veterans

A thought has been running through my mind for some time. Here it is: Why could not the dentists who have been treating patients belonging to professional colleagues serving in the Armed Forces say to those same patients, "Doctor X will be discharged soon and will

resume his private practice. Don't you think you would like to go back to him for your professional care?"—V. D. RICHARDS, D.D.S., 306 Illinois Building, Champaign, Illinois.

Stranded in the Dental Corps

It has been months since the last combat actions took place. Meanwhile, the movement of professional officers back to their home country is progressing at a snail's pace. Few of us have been occupied at our professional service since June, and those who are assigned to functioning medical units spend less than 50 per cent of their time giving dental treatment. A group of us were recently sent to Germany for assignments after having spent all summer in redeployment channels; including a month at a port of embarkation. Three of us are now being assigned to units of approximately six hundred men. Organizations of this size rarely, if ever, were assigned dentists during wartime. To add further to the already absurd situation, we were told that since we had less than 50 points, we would not be sent home until July, if then.

Under the point system, professional men comprise the largest group likely to average less than 60 points. To analyze the cause, the following must be considered:

1. The majority of professional officers, of necessity, were assigned to service units (usually hospital establishments). The larger the unit, the farther

(Continued on page 2127)

MY LIFE IN A

By CAPTAIN BENEDICT B. KIMMELMAN (DC) AUS

Army dental officer describes his experiences giving dental service as a prisoner of war in Germany.

EIGHTY-FIVE American officers, prisoners of war, stood in ordered ranks shivering miserably in the bitter cold of the January night while arrogant German guards called our names and assembled us in a group to be shipped out. This was in Stalag IVB, about ninety miles south of Berlin, a huge camp that was serving as registration and transfer center for most of the prisoners taken on Germany's western front. Captured about two weeks before in the Battle of the Bulge, we had arrived there with over two thousand enlisted men in prisoner groups that had marched up to one hundred miles and ridden four days in boxcars. At the Stalag, men and officers had been separated and now none of us knew where we were going.

Finally, all the names were called except mine and that of one

other captain. I did not enjoy the thought of another boxcar ride, but I wondered why two of us were omitted. Captain Ralph Tomases and I introduced ourselves and, discovering that we were both dental officers, it occurred to us that the Germans must plan to use us in their clinic there. They said nothing about it, merely escorting us back to our unheated barracks. We talked things over, pooled our treasure of five cigarettes and half of yesterday's bread ration, and we remained buddies from then on.

For the next five weeks our situation remained uncertain. We were quartered with two American medical officers who were being kept busy enough, but the authorities seemed to forget about us. In this time we learned something about life in the Stalag. There were about eighteen thousand men there, from

every European country at war with the Axis. Most were old "kriegies," or seasoned prisoners, who had been behind barbed wire for from three to five years. They were living; they seemed sane and sound, most of them; and they taught us much. There were tricks and an entire philosophy to be acquired. We soon came to see that hunger for food and tobacco, and a corrosive boredom, were the chief torments of the prisoner of war. To combat the boredom, we made an elaborate daily routine of our washing and shaving, and tried to steer our talk away from the subject of food.

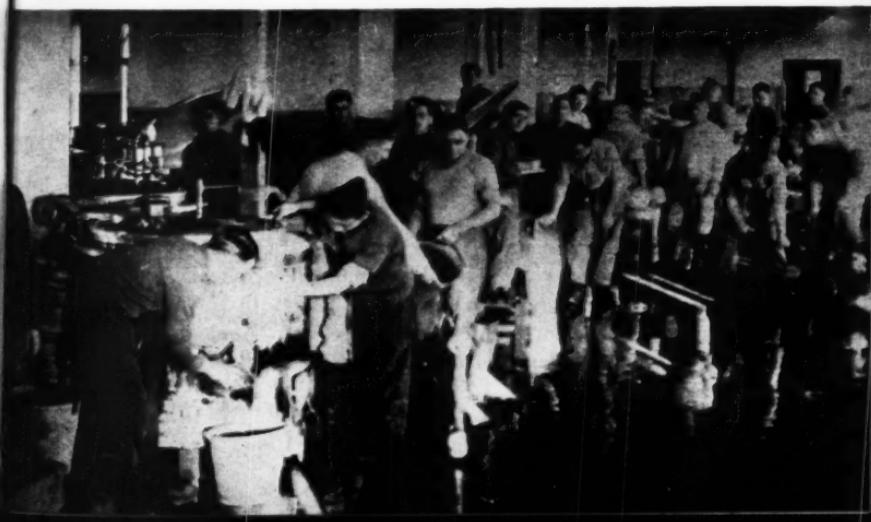
For a time, we assisted the medical officers. Scores of American prisoners were sick with starvation-diarrhea and its serious sequelae, and there were many who had been wounded in combat. In the absence of proper medicines and dressings, and with food and clothing scarce, the task of easing suffering was almost hopeless. The

most seriously ill were transferred from our sick-barrack to the multinational *revier*, or camp hospital, when there were any beds vacant. No toothbrushes or dentifrice were to be had, and once we improvised a paste of soap and salt to be applied with a stick. However, there were no vessels to apportion out the bitter stuff, and even the smallest splinter was a thing of value; so our remedy was not widely adopted. It was one of the surprises of Stalag life that gingivitis did not become widespread.

Prisoner-of-War Dental Clinic

One day near the end of February we were assigned to the dental clinic. Before our liberation, this counted as the brightest day of our prison lives; for now we had a job to keep us busy. We were told we could operate but three days a week, as did the other

The kitchen at Stalag IVB. This is an International Red Cross picture.





dentists in the clinic; but this was not especially disappointing. The vital Red Cross food parcels had almost ceased arriving by the end of January, and by our medical associates' calculations the German ration did not provide enough calories to enable us to operate any more than that.

The *zahnstation* or dental clinic was a part of the hospital establishment. The operating room contained four plain metal chairs with attached headrests, and an improvised waterless cuspidor beside each chair. There were two electric engines and one foot-engine; the lighting was good and the washstand really had running water. The medicaments consisted of phenol, eugenol, chromic acid, weak hydrogen peroxide, a benzine alcohol mixture, and ersatz iodine. A fair assortment of worn forceps and elevators were available, as well as a few root canal broaches. Restoration materials were zinc oxide powder, a strange

The hours are long in a prison camp but this unidentified group of Americans is making the best of its enforced leisure.

brand of cement, alloy, and one shade of silicate. The prosthetic laboratory contained facilities for constructing and repairing vulcanite and acrylic dentures.

Only one of the handpieces worked, and new burs were doled out like precious bread. "Sterilization" was cold, by means of a solution that none of us could identify. It was impossible to attain any sort of asepsis, and we put genuine root canal treatment beyond consideration. The fuel allotment was never adequate, and the current and water were turned off during air raids. We repeatedly tripped on the rotten floor boards; but with it all, we were content and no one felt like griping. What little we had was far more than we had ever expected in this blighted land. All of us

were old students in the "School of Doing Without."

The dental staff, ten in all, was made up of one English, one Yugoslav, two French, one Italian, and one Polish dentist, two Dutch senior students, and us. Generally, we served our own nationals with the English and Americans in one Anglo-American community. Since the Russian prisoners were restricted to one section of the camp and were not permitted to use this hospital, their dentist could not work with us; but once, after overcoming some German objections, we managed to visit him. We admired his resourcefulness in getting along with much less than we

had. There were no German patients brought there; an exclusively German clinic was operated in another part of the camp. It was completely equipped with modern fixtures and supplies, as we discovered after our liberation.

A plump German sergeant, a dentist and perhaps the only man in the camp with any fat on his frame, was supervisor of the clinic. His approval was necessary for roentgenographic examinations or prosthetic cases, and it was also his duty to procure supplies. He did not interfere in our technical procedures, and prudently acted more amiably toward us as Germany's fortunes deteriorated. He

Dental Officer Receives Awards

Captain Kimmelman has been awarded the Bronze Star Medal and the Silver Star in recognition of his outstanding military service. The Bronze Star Medal was received for meritorious service in connection with military operations against the enemy in France, Belgium, Luxembourg, and Germany.

The Silver Star was awarded for gallantry in action against the enemy in Luxembourg on December 19, 1944, when he volunteered to remain with troops in the defense of Wiltz, Luxembourg, during the German counteroffensive in the Ardennes. Captain Kimmelman established an Aid Station, and administered first aid under fire during a German encircling movement. After an unsuccessful attempt to evacuate the wounded, Captain Kimmelman removed them to a place of safety and remained with them although it was evident that the position would be overrun. When the position was encircled by the Germans, Captain Kimmelman succeeded in safely delivering the wounded to German medical authorities.



German camp authorities and delegates of the International Committee watch the delivery of mail for American prisoners of war.

serenely spoke of German victory, but he was soon unable to secure supplies.

Dental Service Rendered

Our clinic served not only the camp population, but men from the smaller work camps or *kommando's* in the vicinity. The normal Anglo-American waiting list for appointments was about three hundred, and we would each see about twenty-two patients per workday. Relief of pain and infection and temporary maintenance of function were our aims, and we necessarily neglected all but dangerously carious teeth and the soft-tissue infections. Generally, we found the latter among the men from the *kommando's* who worked from seventy-two to ninety-six hours a week on a diet little

better than ours. This was potatoes, black bread, ersatz coffee, and about two ounces of oleomargarine and meat once a week. It was the canned meat and butter and powdered milk in the Red Cross parcels that had forestalled widespread deficiency diseases; and thefts and the breakdown of German transportation, which prevented their arrival, had tragic consequences for the more debilitated prisoners.

While the German sergeant blandly assured us that the bombing of Dresden did not bother anyone a bit, our supplies soon stopped coming. On March sixth I noted in my diary that the last of the alloy was used; and on March thirteenth we were restricted to fifty ampules of procaine for the week, barely one third the normal requirement. The next week, the quota was reduced to thirty ampules. All of us were elaborately conscientious about sparing procaine. Only severely aching teeth which could not be relieved by opening into and sounding the root canal were even considered for extraction, and we did not tamper with mere breakdown crowns or stumps which would require immediate extraction in the civilized world. Despite all this, we were compelled occasionally to undertake some extractions by the heroic method. The suffering patients understood. One such French victim shrugged and said, "C'est les Boches," a new version of "C'est la guerre."

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After March twenty-first only acute emergency patients were presented. We could insert no permanent restorations, and we treated hyperemia with eugenol mixed with cement powder for there was no cotton. Alloy and the other missing essentials never reappeared.

The end of our dental service as prisoners of war came on April nineteenth when heavy bombers

wiped out the near-by power plant and railroad yards, and our current and water stopped for good. It did not worry us for long. Four days later, at seven-thirty in the morning, four Red Army cavalrymen jogged calmly into the camp while we screamed our welcome. We were liberated—none of us will ever forget that great day.

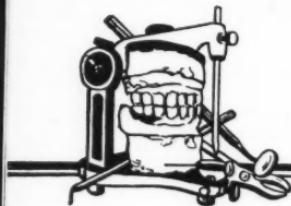
2039 North Eighth Street
Philadelphia, Pennsylvania

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWERS TO QUIZ XV

(SEE PAGE 2113 FOR QUESTIONS)

1. Generally the direction of the rods is at right angles to the underlying dentine with an apical inclination at the cemento-enamel junction. (Orban, B.: *Oral Histology and Embryology*, 2nd Edition, C. V. Mosby, page 21).
2. True. (McCall, J. O.: *Fundamentals of Dentistry in Medicine and Public Health*, Macmillan, page 93).
3. Oil of cloves, oil of eucalyptus, oil of peppermint, oil of cinnamon, thymol, methyl salicylate. (Accepted Dental Remedies, 10th Edition, American Dental Association, pages 120-125).
4. A bony protuberance on the median suture of the maxillary bones. (Miller, R. G.: *Synopsis of Full and Partial Dentures*, C. V. Mosby, page 24).
5. (b) less. (Miller, R. G.: *Synopsis of Full and Partial Dentures*, C. V. Mosby, page 111).
6. The Pharmacopoeia of the United States of America, Twelfth Revision.
7. They reduce the strength. (Skinner, E. W.: *The Science of Dental Materials*, 2nd Edition, Saunders, page 40).
8. (c) sheep. (Accepted Dental Remedies, 10th Edition, American Dental Association, page 136).
9. To prevent irritation and inflammation. (Tylman, S. D.: *Crown and Bridge Prosthesis*, C. V. Mosby, page 79).
10. (a) odontexesis.



Technique of the Month

Conducted by W. EARLE CRAIG, D.D.S.

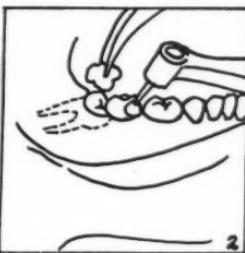
Drawings by Dorothy Sterling

Third Molar Technique

By CAPTAIN ALBERT E. GRANDMAISON (DC) AUS



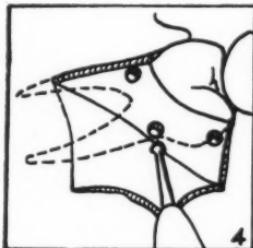
The type of case under consideration.



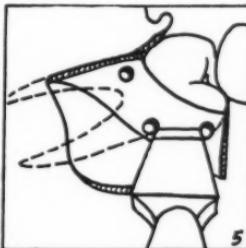
Make sure that the area of operation is free from disease, and thoroughly clean. A prophylaxis is recommended before making the incision.



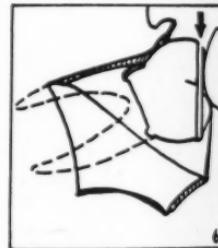
Make the standard incision distally and buccally. Lay back the flap enough to make a good accessible "surgical field."



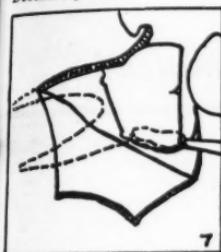
With a bi-bevel bone drill, drill 3 holes through the buccal plate toward the tooth, spacing the holes to permit proper introduction of the chisel.



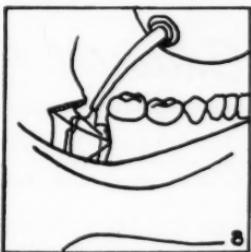
Remove all interfering bone mesially, distally, and buccally, by applying the chisel between the drilled holes. Either a bone chisel and mallet or a mechanically driven chisel may be used.



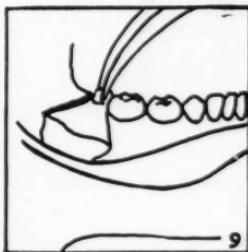
With a fissure bur, or disc, remove any portion of the crown that may be interfering, to permit clearance of the bell-shape of the second molar.



If your roentgenogram shows no deviating roots, the tooth may be displaced by applying an elevator in the "line of force."



Remove all rough edges and fragments of bone. Debridement of surgical field with warm physiological saline solution.



"Frost" all denuded areas of bone with "sulfa" powder. Lay a gauze "canopy" over the wound, placing sutures as needed.

DEAR ORAL HYGIENE

(Continued from page 2119)

it was removed from combat areas as a case of military expediency. It also follows that, the larger the unit, the greater the number of medical personnel involved.

2. It is reasonable to assume that a good proportion of our Medical Department officers are single, or are married but without children. The married physician or dentist having children was the most likely not to volunteer for Service or to be coerced into doing so, under threat of draft, as many were.

3. Recruiting of Medical Department personnel did not reach its peak until well after January, 1942.

From this it may be seen how, for the great majority of professional officers, the point system for redeployment home and for discharge imposes a severe injustice. Yet, when any general policy for discharge of officers is announced, we invariably know the last clause will state: ". . . are to be eligible for discharge except for Medical Department officers."

It has been stated that the point system will be discontinued. When? In the

meantime, dentists are held here until a ratio as high as 1 to 600 or 700 troops is achieved. I have filed a request for Service release in order to enter practice in my home community where the ratio is less than 1 to 6,000 of the population.

When the point system, as unfair as it is, is discontinued, what reason have we to believe that any policy of fairness will be considered or planned to release us from Service, rotate us home, or judge the needs of the civilian population on an equal basis with that of the Army? We feel that no one person or group is acting effectively in our behalf. Is it that the American public is so busy re-establishing itself on a peace-time basis that it has already forgotten us?

We would all welcome an investigation of the Medical Department as it is now operated in this theater, provided it resulted in immediate correction of present waste of personnel and other injustices.—AN ARMY DENTAL OFFICER IN ETO.



Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." John Milton

RECIPROCITY FOR VETERANS

ORAL HYGIENE is proud that we have sponsored dental reciprocity among the states years before war threatened and before any bill was introduced in the Congress to give reciprocity to veterans. *The Journal of the Michigan State Dental Society* looks down its nose at our efforts and states with some pomposity that the Michigan sentiment is, "We are opposed to dental reciprocity or national licensure without examination until standards of the states are equal."¹

This is the old device of stalling for time, the old State's rights, "I-am-better-than-you-are" theme. Michigan is a good dental State, and so are dozens of others. Michigan has an excellent dental school, but certainly not a monopoly in the field. So when the editorialist of the Michigan State Journal writes as if Michigan alone stood out in exclusive and radiant splendor in the dental scene he is writing nonsense. Here is the sample:

"We see many cases of men being denied admission to our schools and later graduating from others; many taking a shorter course than is required in Michigan; many that the Michigan Board cannot accept for examination but still are licensed by other states; and we see many older men, graduates of years ago, futilely attempt the Michigan licensing examination. From this we must conclude that he who may be considered capable of practicing on the people of another state is not necessarily proficient enough to practice in the State of Michigan."

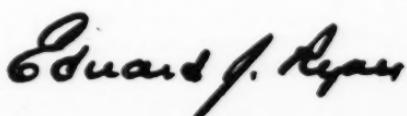
The Council on Dental Education of the American Dental Association has set up clear-cut and rigid standards for dental training. Our thirty-nine dental schools are adhering to these standards. Naturally some schools are stronger than others but the graduate of any Class A dental school, if proficient enough to practice in one state, should not be barred from others by reason of geography. The Council has shown that a serious geographic imbalance exists in the distribution of dentists

¹Editorial: Reciprocity, *J. Mich. S. D. Soc.* 27:211 (October) 1945.

and the areas from which dental students originate. In general, the populous states with great urban communities have the largest number of dentists in ratio to the population. They are also the states that supply the greatest number of dental students. As a specific example, in Cook County, Illinois (the Chicago metropolitan area), 79 per cent of the students in the three dental schools are from Cook County whereas the entire remainder of the State with 101 counties constituting 49 per cent of the population is represented by 21 per cent of the students.

Sparingly settled states and rural communities supply few dental students and attract few dentists. Some incentives in the form of educational subsidies may have to be used to interest students from dentally blighted areas and to encourage them to return to these communities to practice. Meanwhile it may be necessary for some of these states to liberalize their licensure requirements. If Arkansas and Mississippi, for example, are in urgent need of dentists, one way to attract them is by granting reciprocity with other states. State licensing laws are rigid and static structures that do not take into account the dental needs of the people of a state. They should be flexible in licensing arrangements to assure the people of the state an adequate supply of dentists. Flexibility and liberalization do not mean lower requirements.

The dental officers of the Army and Navy were drawn from every part of the country and from every dental school. No one suggested that they could operate only in the state from which they held a license. The exigencies of the demand for their services determined where they practiced and not an artificial barrier like a state license law. These officers are not going to like the sentiment expressed in *The Journal of the Michigan State Dental Society*: "The Congressional Bill for national reciprocity for war veterans is an example of sentimentality being confused with patriotism." Dentists with military records are entitled to some special consideration by State Boards. It is expecting considerable to think that a reciprocal license might be granted without examination. It should be easy enough, however, to allow some waivers on both the written and the practical examinations for war veterans.

A handwritten signature in cursive ink, appearing to read "Edward J. Ryan".



Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Maxillary Cyst

Q.—Will you please advise me what you consider the best method for treating a maxillary cyst in the cuspid and bicuspid region? The cyst continues to drain and does not respond to the usual local treatment. Thank you for your assistance.—M. E. T., Kentucky.

A.—I should be interested to know what you mean by "the usual local treatment for a cyst." Are you sure that this is a cyst, and do you have roentgenograms of this area? If so, I suggest that you send them to us for diagnosis.

If you are positive that it is a cyst, and not an alveolar abscess or an infected maxillary sinus, the proper procedure is to raise a gum flap, enucleate the cystic sac, and keep the area loosely packed with sterile vaseline impregnated gauze until it fills in gradually with healthy granulation tissue and bone.—V. CLYDE SMEDLEY.

Bleaching Pulpless Teeth

Q.—What is the best and most efficient method of bleaching devitalized anterior teeth?—E. W. H., Wisconsin.

A.—To bleach pulpless teeth, sterilize and fill the apical two-thirds of the canal, enlarge the pulp chamber considerably, fill it with loose cotton, and seal it in with hot temporary stopping. With a blunt instrument, melt a hole

through the center of the temporary stopping, and carry several drops of superoxol between the beaks of long-nosed operating pliers into the cotton filling the pulp chamber. Seal it in by fusing the hole through the temporary stopping. Sometimes one such application will suffice, and seldom more than three at two or three day intervals will be required.—V. CLYDE SMEDLEY.

Rheumatism

Q.—Under separate cover I am sending you roentgenograms and models of a patient's mouth. He is a man 59 years old and has recently developed rheumatism. He is unable to work but is not bedfast. His general physical condition seems to be fairly good. He was a cowboy and worked hard during his life. The question in my mind is how much effect teeth abraded as his are would have on a rheumatic condition or other physical ailments. His teeth, with the exception of one or two, do not respond to any vitality test.

I shall appreciate your opinion in this regard.—E. U. J., Texas.

A.—The problem presented in your letter is a real one. We find in a fair percentage of cases of extreme occlusal wear and consequent formation of secondary dentine that the pulps eventually degenerate and become foci of infection. The change from a healthy to a diseased pulp cannot always

be determined by roentgenographic interpretation or clinical examination.

If a tooth becomes sensitive to percussion or there is a widening of the apical periodontal space or change in the periapical bone, we feel justified in condemning it. The fact of a negative response to thermal shock, where there is much recession of the pulp, does not necessarily indicate that that tooth is unsafe. But such negative response to vitality tests must be considered in connection with other unfavorable findings.

Your roentgenograms show a widening of the periodontal space at the apexes of the right maxillary central incisor, right mandibular third molar, and left mandibular first molar. The left maxillary second molar and right maxillary third molar have dangerously deep pockets. I see nothing else in the roentgenograms, but from the wear shown on the casts I would expect the pulps of many of the teeth to be possible foci of infection.—GEORGE R. WARNER.

Nausea from Denture

Q.—A patient presented himself to my office with this problem relative to his wearing an upper denture. He had the denture made and he tells me that he can eat with it, but as soon as he finishes eating he becomes nauseated. He finally went without it for six months, then had a new denture made and had the same experience with it. He now has gone for a year and a half without it.

I am wondering if I could accomplish anything for this patient by making a new denture, or would you think this might be a mental state? The cost of the service will be of no consequence to the person in question, but he wants something that will eliminate this persistent nausea.

I am sending you his denture under separate cover, and I shall appreciate any suggestions you can offer on this case.—J. C., Illinois.

A.—You will find, I believe, that this man can be made happy with a roofless upper denture made by the method described in the April, 1944 issue of *THE DENTAL DIGEST* by Doctor James M. Purcell.¹—V. CLYDE SMEDLEY.

Acrylic Discoloration

Q.—Could you help me out with some information about acrylic resins discoloring on contact with gold?

I have made a number of bridges with thimble crowns and veneer crowns using acrylic jackets or veneers. In all these cases, in from three to six months, the acrylic jackets and veneers turned black, especially at the gingival margin where the acrylic is thin.

Is there any way to prevent this discoloration, especially on jackets? I shall appreciate any information you can give me.—S. V. U., Wisconsin.

A.—While we do not use many of the thimble acrylic crowns, we have used them and they have been in place over two years without any change in color. I took the problem up with a laboratory where acrylic work on gold is done; thimble crowns, acrylic facings processed in gold inlays. They have had no difficulty with discoloration.

You undoubtedly use the opaque acrylic next to the gold and have the gold perfectly clean. The discoloration under the cervical thin edge of a jacket possibly is caused by the cement washing out, if it is where the acrylic contacts the tooth without any intervening gold. However, we have not had that difficulty with our all-acrylic jack-

¹Purcell, J. M.: A Technique for Roofless Dentures, *THE DENTAL DIGEST* 50:164 (April) 1944.

ets, and we have many that have been in place more than two years.

—GEORGE R. WARNER.

Denture Processing

Q.—I should greatly appreciate your giving me information about something which has puzzled me.

A patient of mine, a woman about sixty, had all her teeth removed and, after waiting about three months, I constructed full dentures in acrylic.

I took every precaution trying to get the correct centric and vertical dimensions, and it seemed that I had these two factors correct when I tried the dentures in the mouth and everything was satisfactory.

Evidently I was satisfied with them, or else I would not have sent them back to the laboratory for completion. However, the dentures came back with an incorrect bite relationship.

Since this has happened to me two or three times within a year, I should like to know where the failure lies.—H. G., New York.

A.—For a number of years I was greatly annoyed with the bite being opened during the laboratory processing of many of my acrylic denture cases. But at last we have virtually eliminated this fault by careful trial packing of our cases with cellophane between halves of flask, trimming off all excess and reclosing several times until we are sure uncured acrylic is thoroughly compressed, filling mold completely with no excess. In processing it is run up slowly to 160 degrees and held at this temperature for at least five hours or

all night. It is finally run up to boiling for from fifteen to thirty minutes, then cooled slowly.—V. CLYDE SMEDLEY

Sensation of Dryness

Q.—I should appreciate your diagnosis and advice from these facts.

About two and a half years ago a patient of mine experienced a sensation of dryness on one side of his mouth. He states that it began when he stopped smoking. Since then the left side of his mouth, especially the upper posterior area, feels scalded, scorched, and coated. Recession of gingival tissues occurs on the left side. The bone support is normal for his age (50).

His mouth is dry upon awakening. The scorched feeling extends to the upper and lower lips and the tongue on the left side. This patient cannot chew with ease on the left side as his teeth are sensitive to pressure.

Fried foods and starches exaggerate the scorched sensation. Oranges and similar foods tend to help the condition.

His physician has examined him recently and has ruled out nephritis and diabetes.—L. F., New York.

A.—I don't know what to suggest as to a logical cause and remedy of the symptoms you describe unless these symptoms might come under the syndrome of symptoms suffered because of mandibular joint nerve pressure. Mounted occluded casts and roentgenograms of the mandibular joints might help to determine whether this is a factor in this case.—V. CLYDE SMEDLEY.

LOST AND FOUND

A WANT AD which recently appeared in a Denver, Colorado, newspaper reported: "LOST—one-tooth removable dental bridge, white metal, of no value except to owner."—Pittsburgh (Pennsylvania) Press.

DENTAL LIFE REFLECTED IN PRIZE-WINNING STORIES

ALMOST \$4000 in awards have been won by dental writers in the monthly **ORAL HYGIENE** contest in which the author submitting the best story published each month receives a \$100 prize.

Dental officers, civilian dentists, dental assistants, and dental hygienists, have been awarded prizes for a wide variety of stories. "What I Want When I Resume Practice" is the subject of a timely story by a captain in the Army Dental Corps who will be coming home soon; and a dental assistant has expressed her point of view on jobs for service-women. The moving story of C. Edmund Kells, pioneer investigator of x-rays, earned the author a prize. One dentist described his rugged life on the Yukon, another offered his reasons for the failures in dentistry, and a forward-looking dentist contributed his practical ideas for a retirement plan.

Your own story may be just as interesting as any of those you have read in **ORAL HYGIENE**. And you are the only one who can tell it!

If you don't have a gift for feature writing you may have practical suggestions for improving dental practice, for the wider distribution of dental service to the public, for a retirement program, or a plan to aid dentists who are returning from military service.

Whatever your ideas about the future of dentistry are, we want to know about them. Tell us in 1500 words what your own plans are or what the dentists around you are thinking and talking about. Here are the rules to follow:

1. Your article must have a dental angle.
2. Set down your ideas in simple, direct, forceful language without literary flourishes.
3. All manuscripts must be limited to 1500 words, typed, double-spaced, and accompanied by return postage.

Send your story now! You may be the winner of the next \$100 award. Mail your manuscript to: Edward J. Ryan, D.D.S., Editor, **ORAL HYGIENE**, 708 Church Street, Evanston, Illinois.

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FEDERAL GOVERNMENT NEEDS DENTISTS

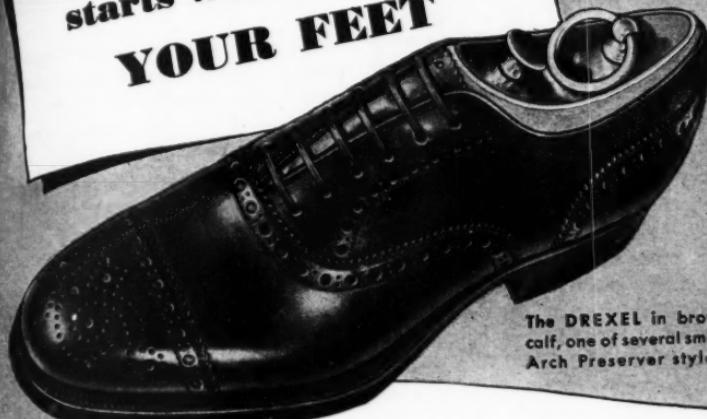
AN EXTENSIVE campaign to recruit dentists for service in hospitals and clinics operated by the Veterans Administration and the U. S. Public Health Service has been announced by the Civil Service Commission. The rapid increase in the number of patients being cared for in the Veterans Administration's facilities at this time makes it particularly urgent that additional dentists be added to the hospital staffs. The salary for the positions is \$3,640 a year for a 40-hour week with overtime pay for extra hours. Applicants must be licensed in a State or Territory of the United States or in the District of Columbia, and must have had at least one year's experience.

Qualified persons are urged to apply at once. Full information regarding the positions, and application forms, may be obtained at first- and second-class post offices, from the Commission's regional offices, or from the U. S. Civil Service Commission, Washington 25, D. C.

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GOOD DENTISTRY starts with the feet— YOUR FEET



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fatigue, enemies of good dentistry?

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In Canada, for Men, Scott-McHale, London, Ont.



Laffodontia

Mrs. Neighbors: "But isn't your son rather young to join the army?"

Mrs. Malaprop: "Well, he is very young, but then, you see, he is only going to join the infantry."



An inmate of a certain insane asylum, feeling that he had recovered enough to be released, appeared before the desk of the superintendent. After he was partially examined he was asked the following question:

Superintendent: "If we discharge you, will you promise to let women and liquor alone?"

Inmate: "Yes, sir."

Superintendent (beckoning a guard): "Lock him up; he's still crazy."



He kissed her in the garden
It was a moonlight night
She was a marble statue,
He was a little tight.



THE ETERNAL TRIANGLE

A man is afraid of a woman,
A woman is afraid of a mouse,
A mouse is afraid of a man.



Highbrow—a person educated beyond his intelligence.

Ignoramus—anyone who believes his "town" is the center of civilization.

Experience—something you get while you are searching for something else.

Hash—any kind of food mixture that would have made a dandy salad if it had not been cooked.

As part of the matriculation examination in English, the entering students were asked to write a brief definition of their conception of a self-made man. One young lady wrote as follows:

"A self-made man is like a self-made cigaret—a lot of Bull wrapped in a transparent cover."



First Fisherman: "The other day I went fishing and caught one of those great big fish—let me see, what is it you call them?"

Second Fisherman: "Oh, you mean a whale."

First Fisherman: "No, that couldn't have been it; I was using whales for bait."



Girl: "I'm telling you for the last time you can't kiss me."

Sailor: "Fine! I knew you would weaken sooner or later."



"My roommate is out doing literary work."

"Literary work?"

"Yeah, he takes young ladies out and gives them experience for their confession stories."



A man with a black eye and other injuries came into the out-patient's ward of the hospital. The desk attendant began to fill out the usual form:

Desk Attendant: "Married?"

Patient: "No, automobile accident."

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THE WM



"**MY PET PATIENT**" writes Dr. L. A. L., "is a chronic complainer about dental clasps being too tight or too loose. And he always calls at 6 A. M. to make sure I get in at 9 to rectify his troubles.

"Except for his early rising, though, he's O.K. Told that only one dentifrice contains sodium ricinoleate to peptize adherent mucin and make it more readily removable with a brush, he agreed,

"It's Detoxol—my early morning standby for years!"



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THE WM. S. MERRELL COMPANY, CINCINNATI, U. S. A.

Trade Mark
"Detoxol"
Reg. U. S. Pat. Off.

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...RIB-BACK BLADES



As manufacturers of what are widely regarded as the finest surgical blades ever developed, it is our conviction that professional preference is based upon their actual performance rather than attempts to evaluate their qualities by mechanical determinations.



Surgeons *feel* the superior sharpness of their imitable cutting edges.

Surgeons *sense* just the desired degree of rigidity necessary to resist lateral pressure.

Surgeons *know* that dependable strength and long cutting efficiency serves to reduce blade consumption to a minimum.

★ The quality of Rib-Back Blades has suffered no wartime change. Precision uniformity . . . blade for blade . . . and long periods of satisfactory service, make them the least expensive in the final cost analysis.

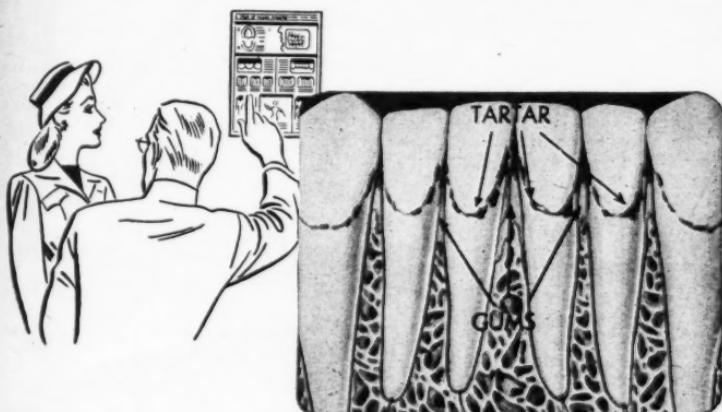
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BARD-PARKER COMPANY, INC.
Danbury, Connecticut

A B A R D - P A R K E R P R O D U C T

WHITEN

**"Here's how
Pyorrhea happens, Mrs. Jones!"**

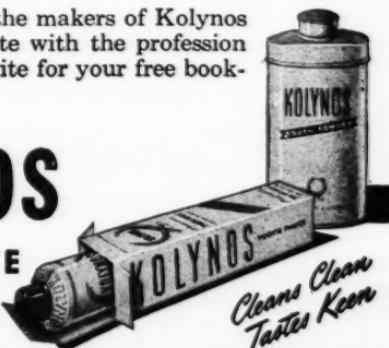


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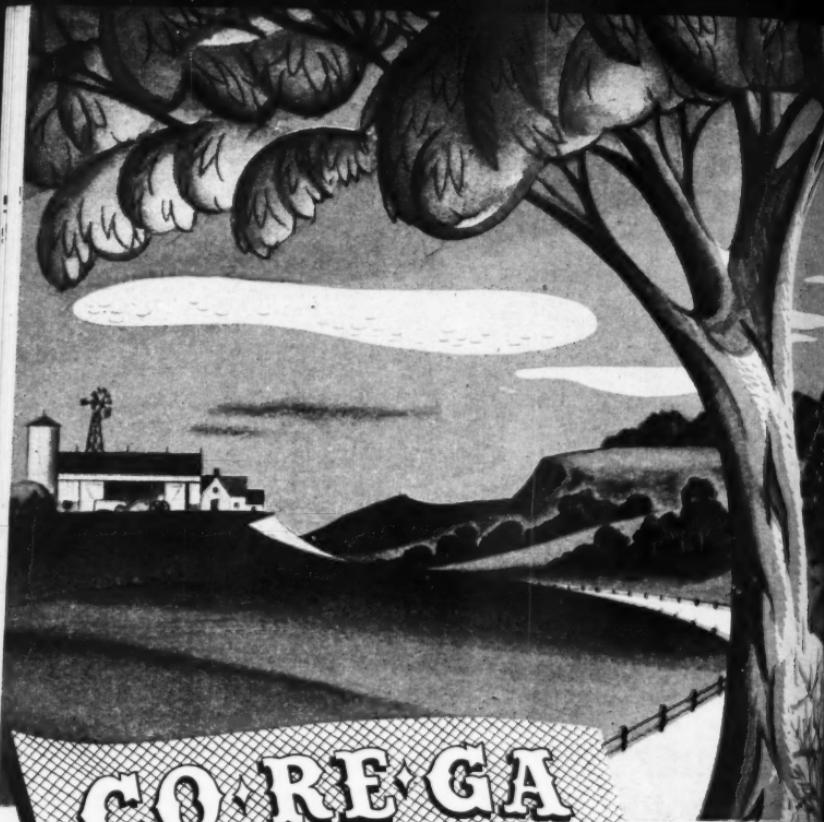
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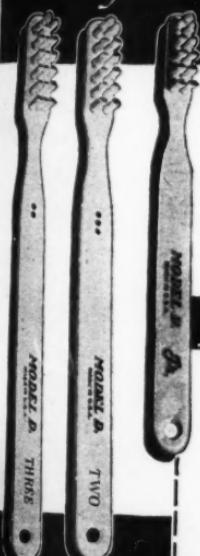
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- ✓ THREE SIZES — 3 Row, 2 Row, Junior Child's.
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"Controlled" lip-action, under free margin of gums, without injury.



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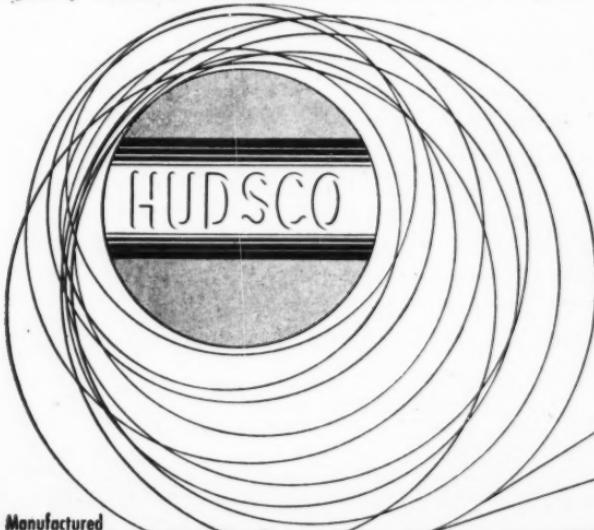
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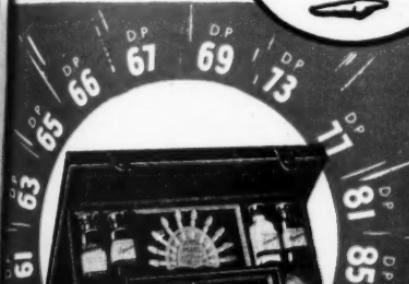
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POLIDENT is recommended by thousands of dentists everywhere for *safe* denture-hygiene. *Safe* because it eliminates the handling required by brushing, and consequent danger of dropping. *Safe* because its *non-abrasive* action insures freedom from scratching or wear.

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TO LAUGH AGAIN

"He who laughs least—laughs best" . . . is too often the fearful attitude of the new-denture patient. Not because his dentures don't fit—but because it takes a little practice for him to "learn to laugh" again, with freedom and confidence.

In order to enable patients to master their carefully fitted dentures more quickly, many dentists have the considerate forethought to recommend Wernet's Powder during the first few weeks of use. Wernet's Powder aids retention by contributing to the maintenance of a perfect valve seal. It helps to distribute pressure, and forms a soft protective cushion.

Just a light dusting of Wernet's Powder is usually all that's needed to give that extra degree of retention, and that extra spark of confidence, to help the patient over the difficult "breaking-in" period.

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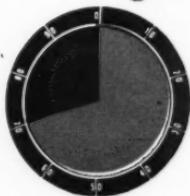
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White

"If in the process of chewing . . . they (the sulfa drugs) come into intimate contact with the gums . . . the possibilities for more effective treatment of gingivitis, stomatitis . . . may be opened."

Arnett, J. H.
Am. J. of the Medical Sciences
205:6-8, Jan. 1943



HIGH LOCAL CONCENTRATION: One pleasantly flavored Sulfathiazole Gum tablet chewed for one-half to one hour promptly provides a high concentration of locally active sulfathiazole (average 70 mg. per cent) that is maintained throughout the chewing period



LOW (negligible) SYSTEMIC ABSORPTION: Blood levels of the drug, even when maximum dosage is employed, are almost negligible—rarely reaching 0.5 to 1 mg. per cent.

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One tablet of White's Sulfathiazole Gum chewed for one-half to one hour—

1. promptly provides a high salivary concentration of locally active (dissolved) sulfathiazole.
2. that is sustained throughout the chewing period in immediate contact with infected oral mucosal surfaces.
3. yet even with maximal dosage, resulting blood levels remain so low as to be virtually negligible.

Indications: Infectious stomatitis and gingivitis, including acute Vincent's disease; preoperatively and postoperatively to prevent and treat dental sepsis; sulfonamide-susceptible infections of oral mucosa; correction of fetor oris due to oral sepsis.

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For years many dentists have made unsuccessful attempts to reprocess ill-fitting dentures. Their failures were due to the use of quick setting materials that did not possess the proper qualities.

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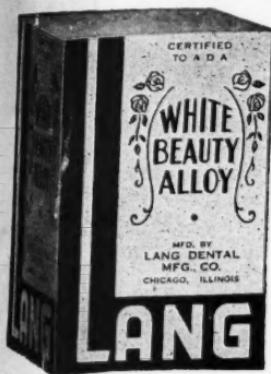
Most important, you continue the test until you have the patient's assurance that the denture is satisfactory in every way. Then you need not be apprehensive about the fit of the denture when you send it to your technician.

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But still another purification stage is required before the water is fit to blend with Monocaine and safe to be injected into human tissues. It is distilled and redistilled and stored in glass-lined stainless steel tanks. Only then is the purged, purified and redistilled water used for the preparation of Novol Anesthetic solutions.

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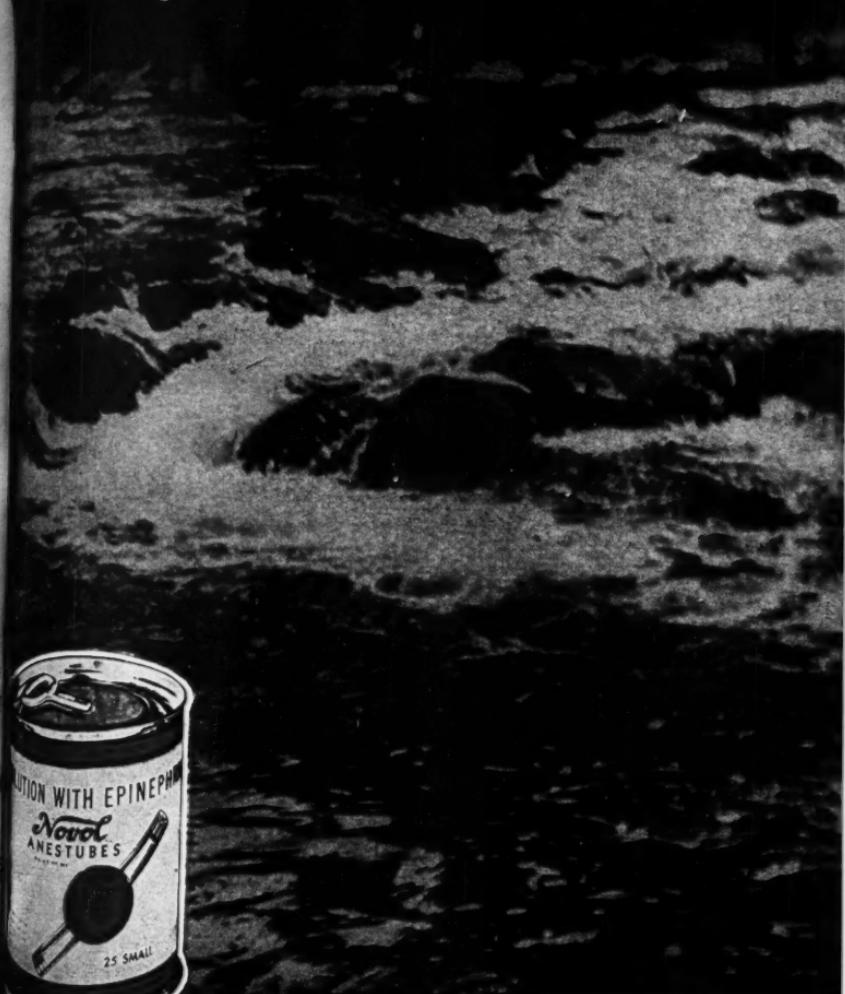
The word "Monocaine" is the registered trademark of the Novocol Chem. Mfg. Co.



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A new treatment for
Bleeding Gums, Gingivitis,
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CLEANS . . . POLISHES . . . REMOVES STAINS
Pink in Appearance . . . Leaves Refreshing Taste

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An Unusual

CONCENTRATED LIQUID SOAP

- As concentrated, pure and neutral as can be made.
- Mild and Bland.
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1 Gallon \$ 3.50
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HAND LOTION

- Vanishes quickly, no oily film, for better instrument grip.
- Aids replacement of normal oil balance disturbed by frequent washing.
- Concentrated, Economical. Best used sparingly.

One 8 oz. Bottle \$1.00
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Here is a gift idea that is really worthwhile—as it will be a constant reminder of you to your patients. We furnish the gift wrappings.

The time is getting short—so write today for quotations on your Christmas gift supply.

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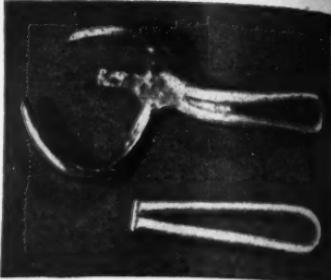
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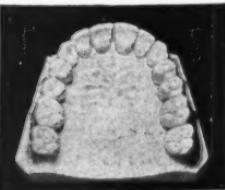
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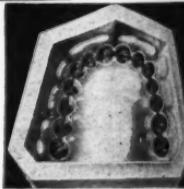
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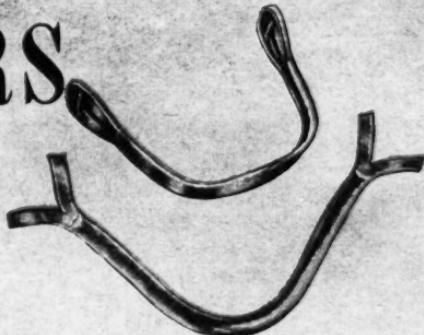
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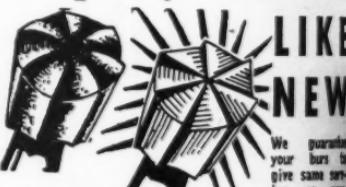


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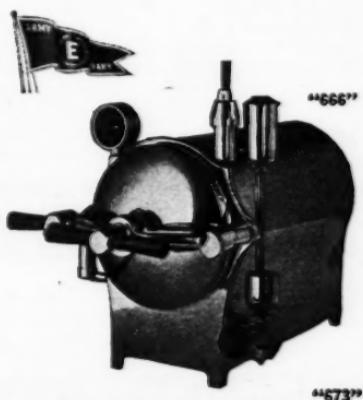
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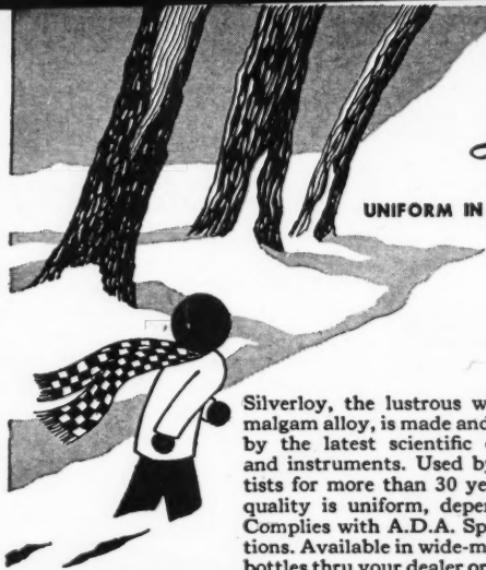
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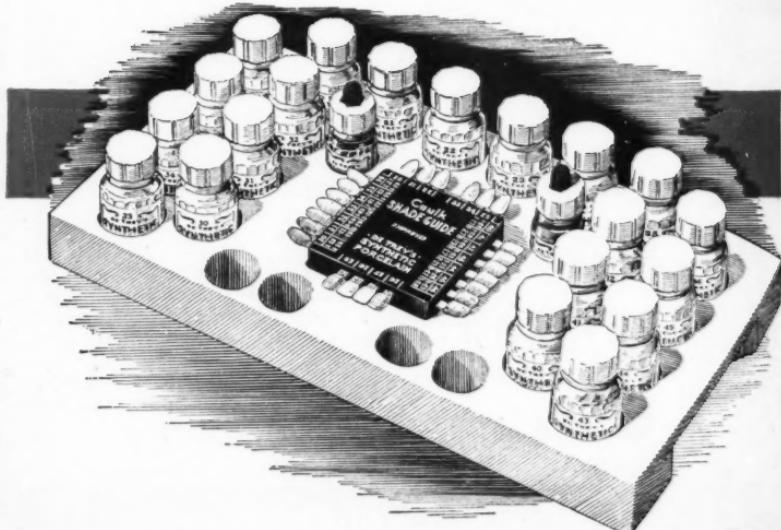
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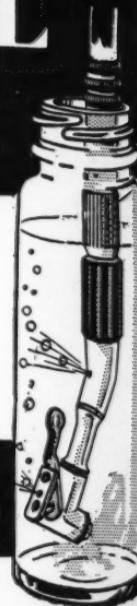
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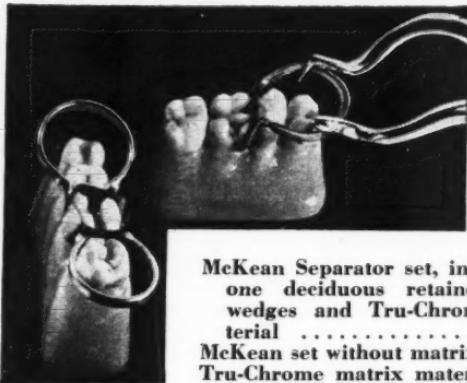
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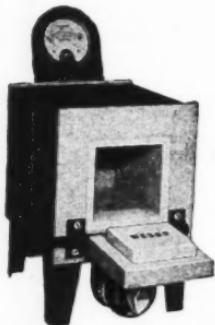
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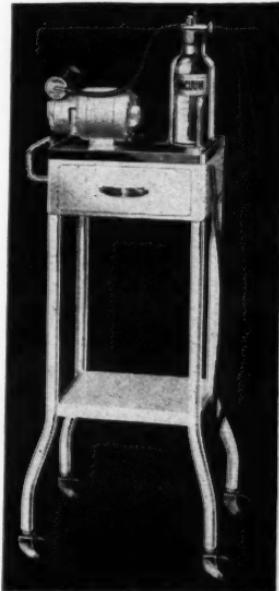
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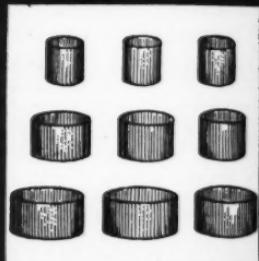
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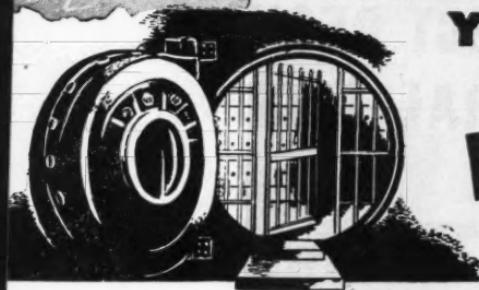
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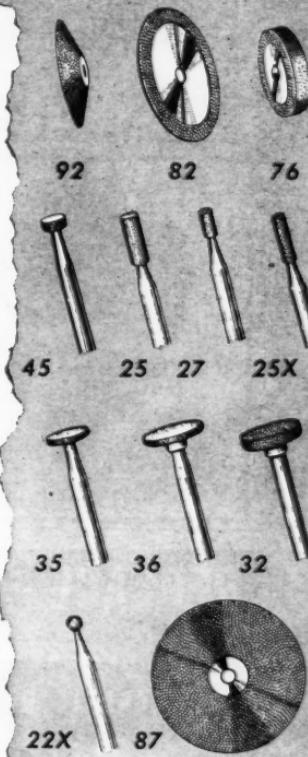
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Less change than the thickness of a butterfly's wing.

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For assured functional perfection in the mouths of your patients, for dependable comfort in the years ahead, make it a point to specify Vernonite for full and partial restorations. Safeguard your patients' oral happiness and your own peace of mind by accepting no substitute.

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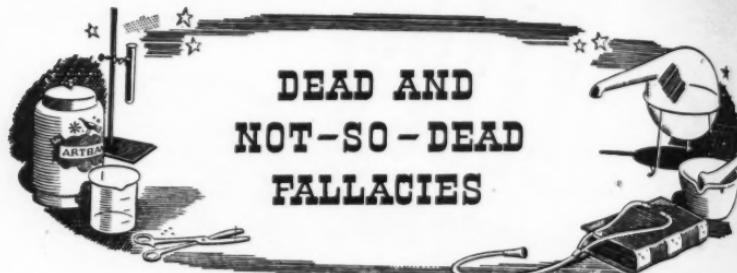
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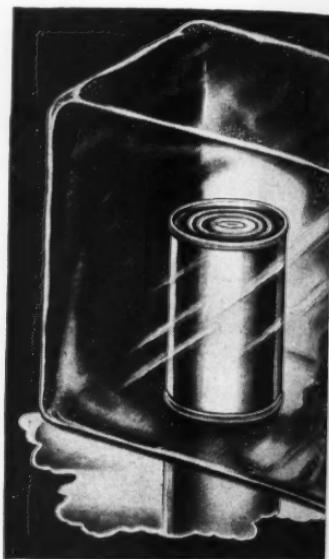
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VERNON-BENSHOFF CO., P.O. BOX 1587, PITTSBURGH 30, PENNA.



IN THE DAYS WHEN barbers acted as surgeons also, they suspended a stuffed animal over the patient who was being operated on. Its purpose was to keep away evil spirits. The animal was usually a stuffed alligator.



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A very soft, burnishable gold for occlusal and gingival inlays subject to slight or moderate stress.

For m.o.d. and simple inlays, three-quarter crowns, pontics and posterior abutments. It is hard and burnishable.

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All the alloys mentioned on this page, excepting No. 3 and No. 19, comply with A. D. A. Specification No. 5. No. 3 and No. 19 are extra hard golds; no specification has been set for this type of alloy.

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For Sale by Your Local Dealer—THE S. S. WHITE DENTAL MFG. CO., Philadelphia 5, Pa.

Quality and Economy in PARTIAL DENTURE Golds



FOR CLASPS,
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EXTRA HARD

\$2.00 per dwt.

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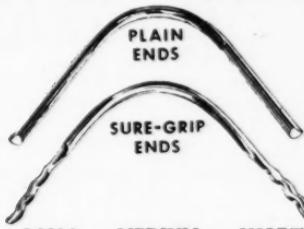
A superior gold for clasps, bars and partial dentures. It has more than enough strength and can be cast in thin sections with sufficient security for any functional service. It is tough, resilient and will not develop brittleness if left to cool unduly long in the mold.

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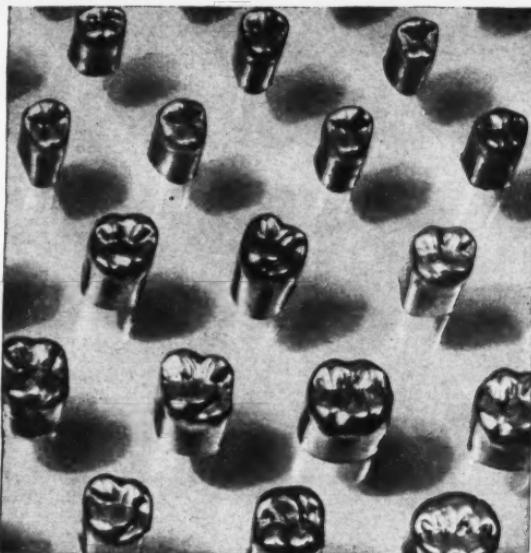


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MERE WORDS ARE NOT ENOUGH

It takes more than reassuring words and manner to allay the fears of many apprehensive dental patients . . . for the nervous manifestations of these patients may complicate and prolong dental procedure.

However, the patient's fears may be allayed and dental procedure enhanced by the administration of 'DELVINAL' sodium vinbarbital. In the majority of cases, it assures relaxation and cooperation of the patient and tends to inhibit psychic gagging and other nervous apprehensions.

'DELVINAL' sodium vinbarbital is characterized by a safe therapeutic index and is relatively free from unpleasant after-effects of excitation and "hang-over." It may be safely used to facilitate induction of gas-oxygen anesthesia and to prepare the patient for surgery.

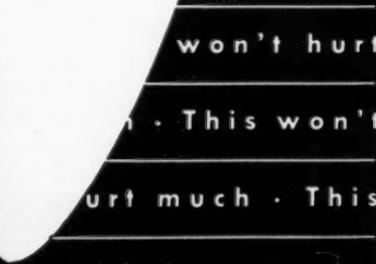
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That is the principle underlying the production of all DEE Golds . . . that the measure of value in each shall be unfailing performance, esthetically, functionally and economically. There is a tested DEE Gold to meet every dental need . . . and you may specify DEE Gold to your Laboratory and Dealer with complete assurance of pre-determined results.

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ONE gets an impression of our long experience in the Sodium Bicarbonate business in thinking back to the days of our founding in 1846. James K. Polk was then President. Four years earlier John C. Fremont had discovered the South Pass through the Rockies and, in 1846, after seizing Sonoma from its Mexican garrison, had proclaimed the independence of California. Three years later the Gold Rush of the "Forty-Niners" was on.

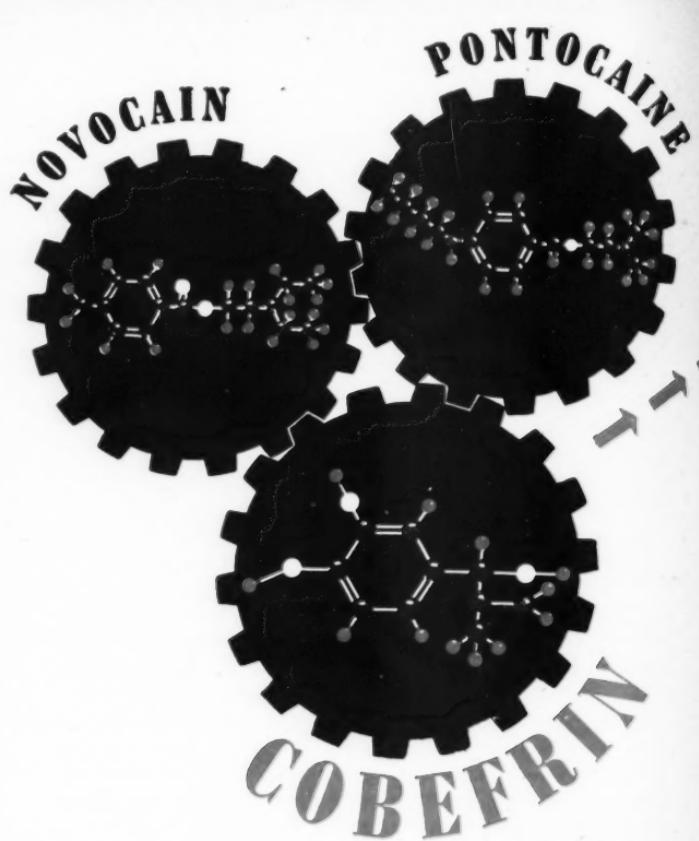
The population of the twenty-nine States then in the Union was but 20 million, less than the combined populations of New York and Pennsylvania today. In the news of the day were such names as Commodore Perry, Horace Greeley, Henry Clay, General Winfield Scott, William Seward, Charles Dickens, John Audubon, and Henry Wadsworth Longfellow.

In the 99 years of our business life, since those days, our products, Arm & Hammer and Cow Brand Bicarbonate of Soda, have become familiar names throughout America. The dental profession knows them well for both are excellent cleansers for daily use on natural teeth and dentures. Both are among the dentifrices acceptable to the Council on Dental Therapeutics of the American Dental Association. In solution they are effective as a mouth wash or cleansing rinse.

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For full scientific details, send for your copy of "Important New Findings on the Effects of Abrasive Dentifrices on the Teeth."

¹Jour. Dent. Res. 20:565-81 (1941)

²Dent. Items of Int. 66:760-69 (1944)

³Jour. Dent. Res. 20:583-95 (1941)

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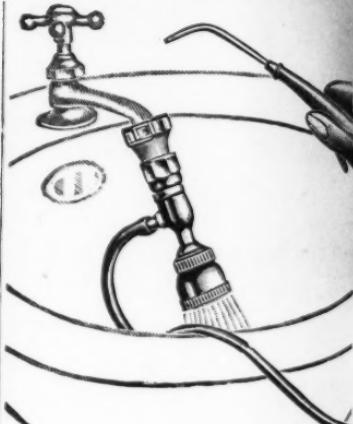
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Can be attached to any shaped faucet whether round, oval or irregular. There are no wearing parts. Therefore it will function indefinitely. All parts are heavily nickel plated. It has a reversible flow which provides a means for quick and easy cleaning.

The complete outfit consists of Aspirator, 8 to 10 feet of pure gum tubing specially designed for this Aspirator and also the Coupland Suction Handle with 4 sizes of detachable tips. These tips are accepted as standard equipment and approved and used by the U. S. Government.

Complete with 8 to 10 feet of noncollapsible pure gum rubber tubing, price —\$16.50

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combines Analgesic
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For years, this splendid camphor and phenol formula has been a stand-by of the profession for its beneficial action on inflamed, irritated, or edematous gum and oral mucous membrane. It works as a mild surface anesthetic to relieve pain, and combats swelling and secondary infection. Apply with saturated cotton tampon for relief in

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Gum Lesions • Stomatitis

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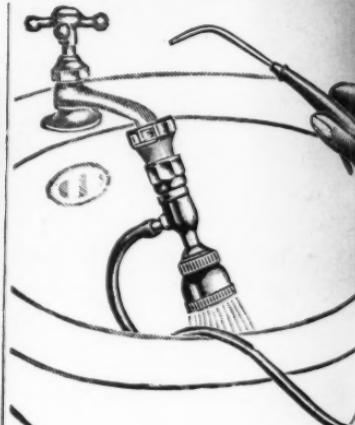
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ASPIRATOR***

This Aspirator operates by water pressure obtained from the faucet of the wash bowl. It has proven highly efficient and is recognized more advantageous than mechanically operated aspirators.

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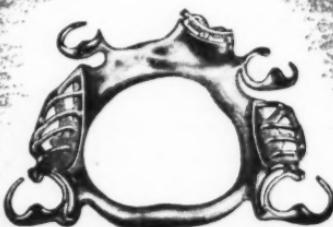
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A-1



B-2



C-3

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Differences in technic, as well as differences in type of restoration, require a wide range of properties in the casting golds used, yet a "family resemblance" among the golds in the same mouth is highly desirable. That is the reason for the famous Ney Balanced Line.

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In other words, here are three golds that provide a range of properties to meet every practical requirement, yet sufficiently alike to harmonize perfectly when used together. Furthermore, each is a Ney Bull's-eye Product which means that, by popular (majority) vote among users over a period of years, it has been selected as "best in its class for the purpose".

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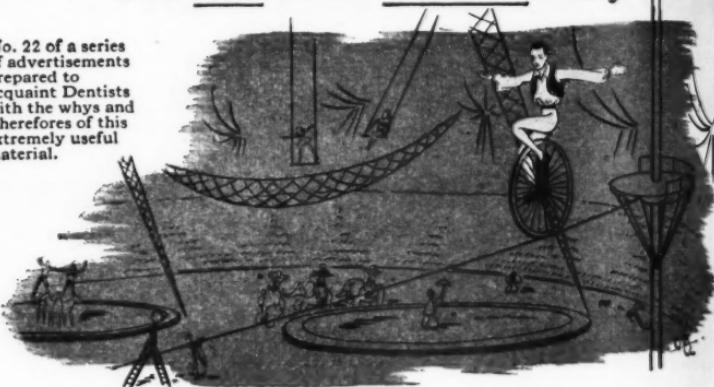
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No. 22 of a series of advertisements prepared to acquaint Dentists with the whys and wherefores of this extremely useful material.



Minimax Alloy qualities are on a well balanced, high level

If someone should ask you, "What do you want most in an alloy?"—in all probability you would name several qualities rather than any single property. Chances are you would include Dependability, Economy, Ease of Manipulation, Adequate Setting Time, Ideal Carving and most important of all—Maintenance of Essential Physical Properties.

In the fabrication of Minimax Alloy No. 178 no one quality is over-emphasized to establish a basis for boastful claims, nor is any property sacrificed for another. In Minimax Alloy, ALL properties and characteristics are de-

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Complies with A.D.A. Specifications. No. 1 Filings suitable for alloy-mercury gauges.

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more patients
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he-red'i-ty—the hereditary transmission of the physical and psychical characters of parents to their offspring.

The "Family tree"
as a guide
in tooth selection...

UNIVERSAL DENTAL COMPANY • 48th at BROWN ST. a. 39,

RESEARCH
HAS SHOWN
CONCLUSIVE
THAT THE
"FAMILY"
SIMILARITY
OF TEETH
PERSISTS
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The inheritance of tooth traits is one of the marked and consistent phenomena of the science of genetics.

Labial characteristics, color, outline shapes, occlusion, arrangement and even caries-susceptible areas of teeth are inherited from one generation to another.

What better guidance is possible for the selection of teeth in edentulous cases than that provided by the dentition of a brother, sister, child or grandchild? In what other way would it be possible to learn the relation of centrals to the laterals and cuspids—and their arrangement in the dentition?

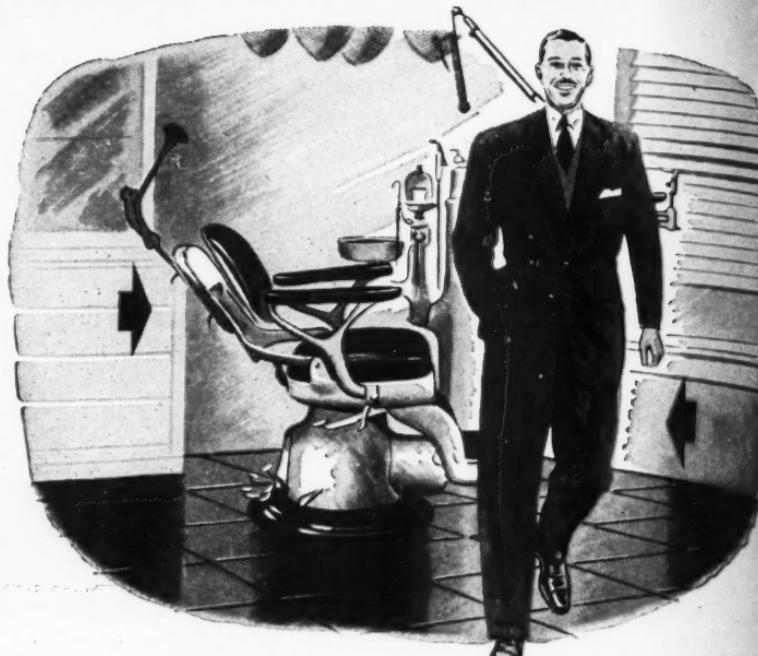
The "Family tree" is the most scientific guide in tooth selection.

How do Five-Phase Anteriors help to facilitate such a procedure? Instead of the usual "fixed patterns," Five-Phase Anteriors provide: 1. Varied labial surfaces characteristic of natural teeth. 2. Co-acting proximal contacts—for easiest set-up and transposition of laterals. 3. Veri-chrome Colors—following nature's plan of controlled brilliance . . . PLUS simplified color matching. 4. Superior porcelain—simulating natural tooth structure in depth, refraction and translucency. 5. Co-ordinate size system sizing—for easier selection.

In short, Five-Phase Anteriors possess the lifelike individuality of natural teeth . . . the only means by which all the life-like characteristics of the patients' teeth are available for reproduction in the artificial denture. ★ ★ ★ ★ ★ ★



FIVE PHASE ANTERIORS



WHERE PERFORMANCE COUNTS!



Injection Cartridges (Hypotubes) of

Procaine Hydrochloride 2% with

Epinephrine 1:25,000 ADR

Procaine Hydrochloride 2% with

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Procaine Hydrochloride 2% with

Neo-Synephrine Hydrochloride

1:2500 ADR

supplied in boxes of 25, 100 and 200

Two places where the local anesthetic of your choice must stand the test are in the chair, immediately after administration—and in the post operative period.

Procaine Hydrochloride "Rorer" preparations withstand these tests—by providing reliable anesthesia of maximum efficiency with safety—and with a minimum of undesirable after-effects and reactions.

The exacting and unvarying quality of Rorer solutions is safeguarded by detailed scientific control and inspection during and after manufacture. Samples and literature will be gladly supplied by William H. Rorer, Inc., Drexel Bldg., Independence Square, Dept. F, Philadelphia 6, Pa.

PROCAINE HYDROCHLORIDE SOLUTIONS



RORER

35 YEARS OF PAINSTAKING, SCIENTIFIC CARE TO INSURE DEPENDABILITY



Photo from collection of Otto Glasser, Ph.D.

HERE ROENTGEN DISCOVERED THE X-RAY... NOVEMBER 8, 1895

IN THIS SMALL LABORATORY at the University of Würzburg, Germany, late in the evening of Friday, November 8, 1895, Professor Wilhelm Conrad Roentgen unexpectedly and dramatically discovered the x-ray. Professor Roentgen at that astounding moment little realized what a brilliant beacon to human progress would be the dull glow which suddenly shimmered across the fluorescent screen that lay on the table before him. ★★★ The association of Kodak products with radiology began when general interest in the x-ray was first manifest. Through the years, endless innovation and improvement have firmly established the Kodak Company as the world's leading manufacturer of quality radiographic materials.

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Flock's Cement accepts far more powder into mobility, its liquid than other cements. Yet, it retains all of this without loss of plasticity. It does this, the Flock way, without increasing its microscopic fineness, and only this fineness by a single micron.

The resulting cement has a denser structure, greater strength and greater resistance to water.

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and no visibility, penetration and disintegration
of the film in other cement mixes.

The Fleck's "thick mix" has a film thickness
of only thirteen microns. You can rest the
most perfectly adapted case with ease . . .
giving the assurance that the fine film of
Fleck's Cement provides more strength, ad-

hesive power and resistance to oral erosion,
in full measure! Also the incorporation
of extra powder in the mix reduces free acid
in the mix, hence less irritation to the patient.

The quality of Fleck's is well known
throughout the world. Because it's so good . . .
most dentists use **FLECK'S CEMENT**.

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FOR INLAYS AND JACKET CROWNS



GREATER ACCURACY
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LESS TIME and COST!

The Hanau Jr. Electro-Forming Outfit above is the ideal equipment for the average practice. It is built for years of trouble-free service. Operates direct from office current—no special wiring.

The price, complete with ammeter, is \$32.25 at your dealers. Also available in larger model, the Senior.

For full details—see your dealer or write for *free* catalog.

Hanau *Electro-Forming* equipment makes possible an exceptionally practical technique for producing accurate metal models for inlays and jacket crowns. The procedure is simple and economical. It consists of electrolytic deposition of copper on your impression. The resultant die is exact to size—no shrinkage or expansion—precise to the finest detail. Electro-formed dies have sharp, hard edges which do not chip or distort during burnishing or swaging. They are excellent with porcelain or acrylics and will not contaminate gold.

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HANAU *Electro-Formers*



STIM-U-DENTS are a safe, economical and effective means of removing food deposits, cleaning and polishing interproximal surfaces and massaging the gums.

They get into the hard-to-reach spaces, finishing what the toothbrush leaves undone.

They are made of soft tropical wood, pleasantly flavored—soft enough to prevent any injury to gum tissues but sufficiently rigid to serve their purpose safely. They are an invaluable aid in the treatment of PYOR-RHEA and GINGIVITIS.

ASK FOR SAMPLES, the results are most convincing; or better still, mail coupon and obtain our Professional Courtesy Package containing 100 special packets for only \$1.00 postpaid.

Keep Your
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STIM-U-DENTS

Stim-U-Dents also
make excellent
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Enclosed find \$1. Send me Professional Courtesy Package, containing 100 Special Packets, (like cut) designed exclusively for dentists.

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BOILOS are Precision Instruments, used by 90% of the dentists for almost a half a century.

Your Dealer has BOILO Mirrors NOW

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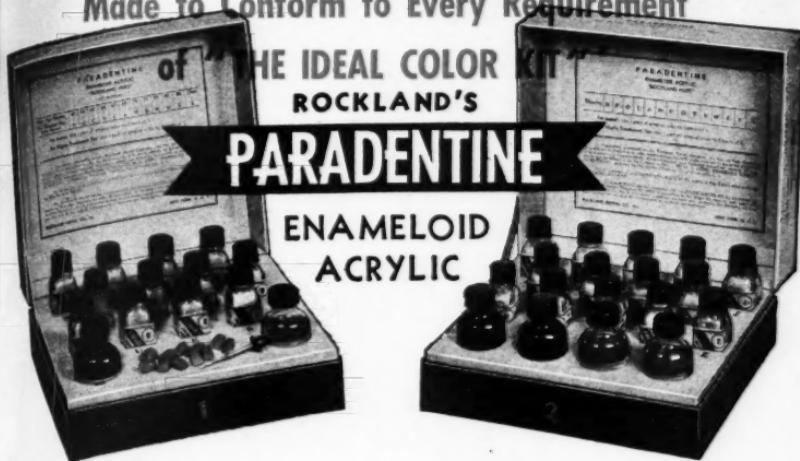
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Made to Conform to Every Requirement

OF THE IDEAL COLOR
ROCKLAND'S

PARADENTINE

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ACRYLIC



PARADENTINE "COLOR-MASTER" KIT . . . for
Acrylic Inlays
Jacket Crowns
and Bridges

HERE we have produced in fine grained, pure methyl-methacrylate 26 key shades based on the color incidence in human teeth.

This kit gives you a system of 26 key colors (from A to Z) that will permit duplicating all New Hue, T.C. Shades, etc., without "Cook Book Recipe" formulae. Every shade is possible with a single key color, or simple combinations, such as 1-to-1, or 2-to-1 ratios. The texture of the powder is so fine that the finished product is extremely tough and non-granular. The complete kit consists of 2 boxes, No. 1 and No. 2, as illustrated. **PRICE \$60.00**

BOX NO. 1 of "COLOR-MASTER" KIT

This box contains the same 12 Shades as in "Rockland Hues," but double the quantity. These Key Colors will duplicate New Hue Shades without blending. **PRICE \$25.00**

The remaining Key Colors in the same quantity can be purchased later in Box No. 2 at \$35.00, to make up the complete "Color-Master" Kit.

True Shade Match for All New Hue and Most T. C. Shades Right out of the Jar!

"In the December 1944 issue of the New York Journal of Dentistry, under the title of "Color Control," Dr. Maurice N. Stern, author of the text book, "Enameloid Acrylics in Dentistry," writes about the "Ideal Color Kit."

DENSE
STRONG
ABRASION-
RESISTANT

"ROCKLAND HUES" Junior Kit

"Rockland Hues" is a Junior Kit composed of 12 of the 26 Key Colors of the "Color-Master" Kit which will duplicate New Hue Shades without blending. **PRICE \$20.00**

The Key Colors of the Junior Kit can be integrated with the "Color-Master" Kit by purchase of the remaining key colors.

If Your Dealer Can't Supply You, Order Direct

ROCKLAND DENTAL CO., INC.

91 Main Street

Dobbs Ferry, N. Y.

Dear Doctors:
All I am,
I owe to you!
Gratefully Yours,

BONDED 2-ROW PROFESSIONAL

Designed according to the Wishes
of a Large Percentage of Dentists

Yes! you dentists told us exactly what you wanted in a tooth brush. You said, "We'd like a brush with a small head . . . just one inch long . . . flat trim." So we made it that way! You also suggested, "Two rows of six widely-spaced bristle

knots," and here they are!

In addition, we used only the very highest quality bristles . . . PROLON . . . which is Pro-phy-lac-tic's name for the finest synthetic bristle made by duPont. The *only* round-end synthetic bristle . . . gentle and kind to gums!

PRO-PHY-LAC-TIC BRUSH CO., Florence, Mass.

Pro-phy-lac-tic PROLON
2-Row Professional Tooth Brush

50¢ • At All Drug Counters

**GENUINE
BRONZE**

SIGNS and
TABLETS



**CONTRA-ANGLES
and HANDPIECES
REPAIRED LIKE NEW**

Wobble removed. Prompt, efficient service guaranteed.

Handpieces—\$3.50.

Enclose check to eliminate C.O.D. charges. Dealer billing if desired.

Agents wanted.

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**BUY
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BONDS**

Order your copy of the new 2nd edition of "Simplified Orthodontia" by A. Lincoln Adelman, D.D.S.—Private tutor in Orthodontics—formerly Director of New York Orthodontia Preparatory School. This book is written especially for the general practitioner. Removable appliances included for the first time.

It is priced modestly at four dollars.

Send remittance to Dr. A. Lincoln Adelman, 1240 Park Avenue, New York 28, New York.

**New! Now available—
HYDRO-GLASS
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Made from the miracle material you've been waiting for. An all-plastic film, transparent, sheer looking, softly pliable, with a bright gleaming, smooth surface, pleasant to the touch. Best yet, Hydro-Glass is unbelievably tough, long-lasting!

- Washable—wipes clean with a damp cloth.
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- Equipped with the exclusive Hydro-Tex patented "NEK-LOK" feature—Instantly adjustable to any neck. So simple to slip on and off, no ties, no binding. Never fails to function and fit perfectly.
- Natural clear color.

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Dealer: Send in your Stock order NOW
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Send postpaid _____ Hydro-Glass Dental Throws

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(Note: None will be sold without dealer's name being given)

**Devised by a dentist
for more thorough
cleansing**



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ANGLE
TOOTHBRUSH**



Unique angle design enables the user to reach exposed surfaces of all teeth more easily, more adequately.

Narrow shank permits easy manipulation of brush with lips almost closed, facial muscles relaxed.

Three rows of bristles, six tufts to a row, provide for effective penetration between teeth during brushing operation.

SQUIBB *A name you can trust*

Better Flow!

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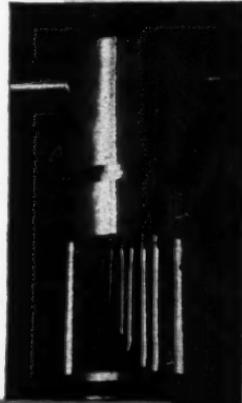
Here is the verdict of Kerr Research Department's clever and original Flowmeter on five different acrylics.

Each was mixed to package directions and laid in the Flowmeter trough. For precisely two minutes the dead weight of the heavy Flowmeter piston pushed each mix through the graduated holes in the trough bottom. The easier flow of Kerr Crys-plex Formula 102 on the left is plain to be seen.

This easier flow penetrates naturally into every diatoric and wenly locks every tooth securely into place. Your patient's Cystolex 102 denture will therefore seat more comfort-ably—seal more tightly—stay put more reliably. Not once but every time!

Standardize on this new, super-quality acrylic by a manufacturer you know.

KERR DENTAL MFG. CO. Established 1891 Detroit 8, Mich.



KERR CRYSTOLEX

Formula 102

Well-fitting Partials...

...with
Platinum
PALLADIUM
Golds

Among the desirable characteristics of the platinum-palladium-golds is the ease of melting the metal and casting well-fitting partials....And adaptation or repair can be conveniently made.

A forty-page booklet, "Platinum-Palladium-Golds in Dentistry"—with information on selecting, investing, melting, soldering and working of these alloys, will be mailed on request. Please write to

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**ADVANTAGES of using
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1. Increased strength combined with appropriate resiliency.
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... and high hopes that the New Year will
mark a new milestone in mankind's ad-
vance into a new era of continuous peace
and prosperity. We join with countless
thousands in paying

high tribute

to all members of the
profession, in and out of the

dental pro-

Armed Forces.

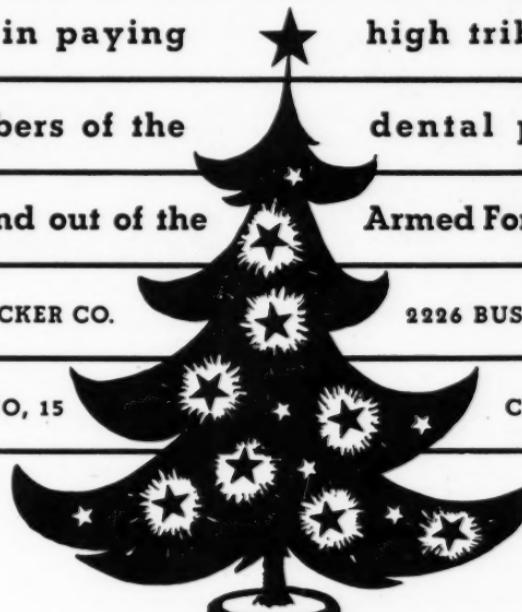
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REVELATION TOOTH POWDER



ORAL INFECTIONS

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PEN-TROCHES

Each Pen-Troche Cutter—chemically bound, to make it slow-dissolving—builds (and maintains) an adequate penicillin level in the saliva for over two hours. Already recognized as specific in Vincent's Infection, the future role of Pen-Troches for combatting other infections of the oral cavity is extremely promising. Cutter Laboratories, Berkeley, California; Chicago; New York.

CUTTER LABORATORIES, Berkeley 1, California

I will be interested in noting effectiveness of Cutter Pen-Troches for therapy in Vincent's and other oral infections. Please send 10 Pen-Troches, free, to

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DO YOU RELINED YOUR DENTURE
WITH "PERMADENT"? DO YOU FEEL
ANY BURNING, STINGING OR
NOTICE ANY ODOR OR TASTE?



The NEW LATEST
IMPROVED

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A Non-Irritating PERMANENT ACRYLIC LINER

That Is FREE From Solvents
(PATENTED FORMULAE AND PROCESS)

PROVEN BEST BY TEST . . . FOR FULL DENTURES AND PARTIALS

Will not WARP or FRACTURE Denture! Positively Non-Irritating!

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- Accepted for advertising by leading dental magazines. Used by the ARMY, NAVY AND SEVERAL DENTAL COLLEGES.
- Non-stinging! Non-toxic! Odorless! Tasteless! Stabilizes Lowers!
- Becomes transparent in oral secretions.
- Sets in patient's acid or alkaline secretions—never in air—permanent shelf life.
- ONE MINUTE CHAIR TIME. No technique required! Simply spread PERMADENT on area, seat denture—discharge patient with line denture in mouth. No delay! ABSOLUTELY No Polishing Necessary!
- Composed pure, acrylic resin only — transparent, semi-plastic — patented process.
- No shrinkage due to solvent evaporation. Can be used on vulcanite.
- WILL NOT WARP OR FRACTURE DENTURE. IS ABSOLUTELY PERMANENT.

Low in Cost

Only \$8.00 per Kit—enough for 40 average dentures or 20c per liner.
"PERMADENT" costs less than any Liner on the market.

Satisfaction Guaranteed

Order "PERMADENT" today . . . from your dealer or direct from us, with dealer's name. We positively guarantee satisfaction or you may return unused portion for refund following your test trial.

5 New Improved FEATURES

- Now the only LINER that will not turn white and form bubbles—A NEW DISCOVERY BY OUR RESEARCH STAFF.
- Now no polishing necessary! Becomes hard and smooth as glass!
- Has proper consistency—will not displace tissues.
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- Now no solvent treatment of denture required.

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"PERMADENT is the only LINER that has not irritated my patients in the least."

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Many, many more testimonials on file.

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We have about completed fulfillment of Army and Navy requirements and, therefore, can devote our productive capacity almost exclusively to the fabrication of TORIT Products for you.

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We are exerting every effort to fabricate large quantities of the items that are in short supply and thereby gradually shorten the delivery requirement. Material procurement is still a major bottleneck and constantly hampers production. However, TORIT and WETORDRY Paper Disks, TORIT Arbor Bands, Blow-pipes and Burners, Abrasive Paste, Flux, etc., are generally available.

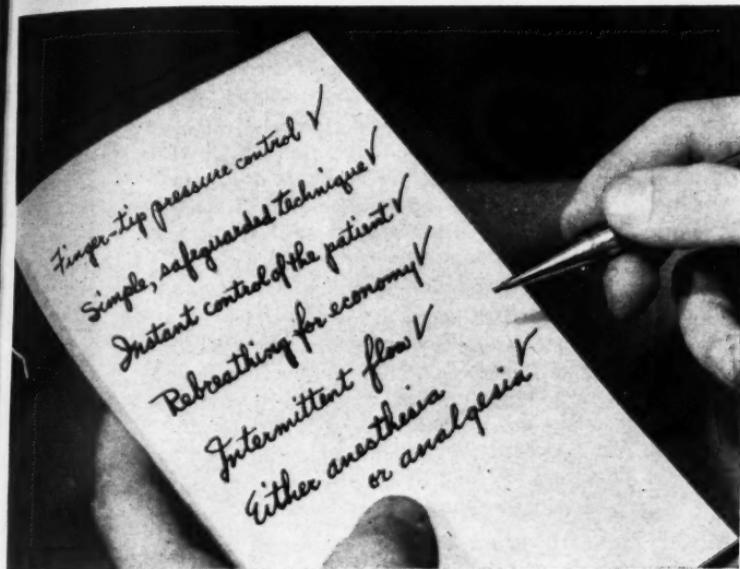
When it is not possible to fill all of your orders immediately, we shall devote every effort toward giving you the best possible service.

Yours very truly,

TORIT MANUFACTURING CO.


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 Vice-President
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**"Here are some of my reasons
for choosing the Nargraf"**

"I wanted a machine that would produce anesthesia with maximum promptness and ease to my patient. I wanted the utmost in simple technique coordinated with every possible safeguard for efficiency. I wanted instant control of dosage during induction and, naturally, I was interested in the greatest possible economy in gas consumption."

The Nargraf is designed to give the dentist what he wants for greatest efficiency in the administration of nitrous oxide anesthesia. The knowledge acquired in over thirty-five years close study of the operator's problems is built into the machine. The Nargraf has advantages not available in any other gas equipment. We shall be glad to tell you in detail what these advantages are. We urge you to talk to Nargraf users. Know the Nargraf and the Nargraf will be your choice of a gas machine.

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From the Don...

Materials possessing such valuable ingredients and qualities as D-P ELASTIC IMPRESSION CREAM and D-P THREE-IN-ONE CREAM are — in the final analysis, only inanimate materials. They are no wonder-workers that accomplish startling results by and of themselves alone.

The materials have qualities and properties no other materials can lay claim to — BUT — unless you mix properly, pay careful attention to water temperatures, quantities and time in preparation and impression taking, don't blame your shortcomings on the materials.

Use D-P ELASTIC IMPRESSION CREAM .
for all full and partial denture Impressions.

Use D-P THREE-IN-ONE CREAM
for all full denture washes, Inlay and Bridge Impressions.

Use both as directed — and there cannot be any failures.



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of KING NEPTUNE
give you TWIN PRODUCTS
precision Accuracy





Faithful D



PORTLAND VASE

The left half of the above picture portrays the original vase. The right half represents its duplication.

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TRUE

Full Duplications

Dr. Myerson's True-Blend Teeth bring you means
of making restorations that are enduring masterpieces.
They defy detection and they are stronger, too.

Greater Naturalness

For many centuries the faithful duplication of natural teeth defied the most painstaking efforts. Dr. Myerson solved this long standing problem and produced the first artificial teeth that were indistinguishable from natural teeth. Thanks to his discovery, skilled dentists can make dentures that are enduring masterpieces of restorative art. For Dr. Myerson's True-Blend are not only more natural—they are stronger, too.

Light Transmission Does It

The transparent enamel of Dr. Myerson's True-Blend is the secret of their remarkable duplication of natural teeth. By reduced light reflection from the body of the tooth and by light transmission at the incisal part of the tooth, the shadowy incisal areas and life-like appearance are obtained.

Today imitation of Dr. Myerson's True-Blend is world-wide.

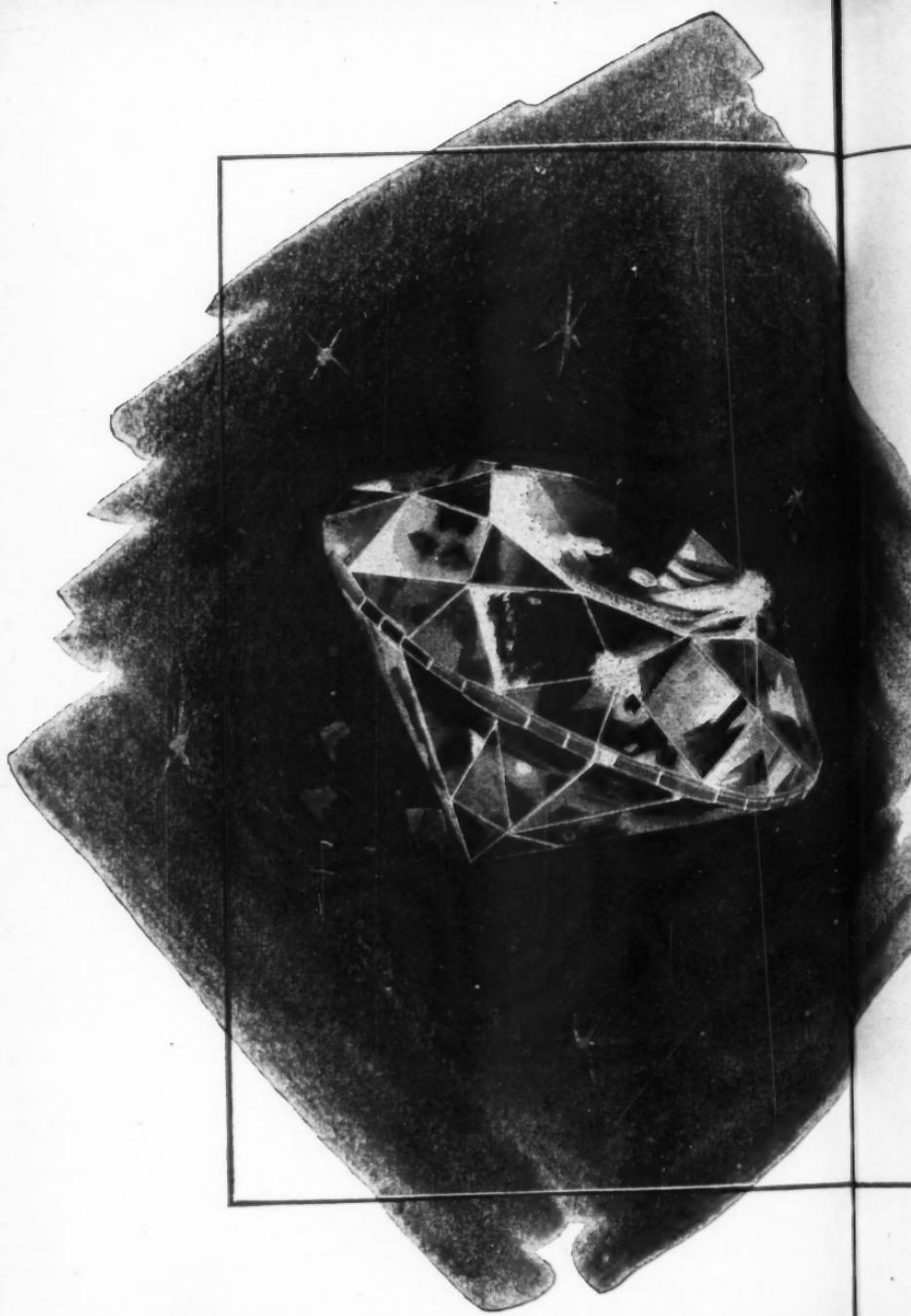
For best results use the original.



Dr. Myerson's

TRUE-BLEND ANTERIORS and TRUE-KUSP POSTERIORS
are an IDEAL COMBINATION

IDEAL TOOTH INCORPORATED, CAMBRIDGE 39, MASS.





INTRINSIC VALUE

The *intrinsic* value of a diamond is in its *essential* quality, sparkling beauty—not the fact that it is basically crystallized carbon. The diamond is valued most when expertly cut and polished, when craftsmen activate its blue white beauty.

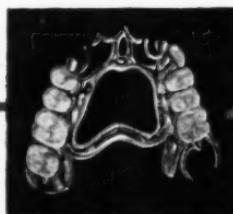
Nobilium, the chromium cobalt alloy, like the uncut diamond has all of the inherent qualities prerequisite to the fullest achievement of its purpose. But like the diamond to provide aesthetics and real service for its wearers, Nobilium's essential qualities reach their peak when processed by craftsmen—your laboratory technicians.

Nobilium partials are desirable for strength and lightness, for hardness that is practically self-cleansing, for lasting lustre, for the comfort they afford and for inconspicuous beauty. *For real value, call the authorized Nobilium laboratory nearest your office.*

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Restricted to help and positions wanted, and practices wanted, and practices for sale. The minimum charge is \$3.

Ohio licensed dentist released from Army desires dental office, association, or situation. Dr. Leo K. Siegel, 10622 Kimberley Ave., Cleveland 8, Ohio.

Dentist, young veteran, desires purchase or association with option to purchase practice within fifty mile radius of New York City. "107" Oral Hygiene, Pittsburgh, Pa.

TEXAS LABORATORY wants A-1 gold technician to take charge of gold department. Give full information, including age, salary expected and type of gold work you can do in first letter. "E" Oral Hygiene, Pittsburgh, Pa.

DENTIST WANTED: Ohio license, to associate with long established and successful high-class clientele. Good salary, short hours. "Ohio" Oral Hygiene, Pittsburgh, Pa.

WANTED: Dentist to specialize in orthodontia and for pedodontia. Must be licensed in District of Columbia. "48" Oral Hygiene, Pittsburgh, Pa.

WANTED: Dentist to specialize in gold, inlays and plaster fillings. Must be licensed in District of Columbia. "87" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Fully equipped dental office and practice in northeastern Ohio town of twenty-five hundred. Office and living apartment same floor. Rent \$25 monthly. Retiring on account of age. "HG" Oral Hygiene, Pittsburgh, Pa.

WANTED: Dentist with New York state license. Capable of taking good impressions and bites. State age. "G" Oral Hygiene, Pittsburgh, Pa.

UNUSUAL OPPORTUNITY FOR RECENT DENTAL GRADUATES: Several well-qualified dentists are needed for a long-time public health project. This program will be conducted under university supervision and will give opportunity for study and professional development. Applicants should submit a detailed statement of qualifications and a recent photograph. "35" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Dental practice in Central Illinois city of about seventy-five hundred. Ill health forcing present owner to quit. For further information write C. K. Morrison, 128 N. Main St., Decatur 21, Ill.

FOR SALE: Well-established, completely equipped two-chair dental office in wealthy Osage Indian country in Oklahoma. Big practice in large territory. Two Ritter chairs, air compressor, x-ray, master unit, Heidbrink anesthetizer, laboratory motor and denture equipment, and complete operating supplies. Invoice over twelve thousand dollars, sell for less than half price. Ideal opportunity for returning G.I. Loan arranged at local bank if desired. Equipment clear, can be moved anywhere. Retiring. Write Dr. A. H. Friedman, Fairview, Okla.

FOR SALE: Well-established dental practice in Washington, D. C. Twenty years same location. Grand opportunity for someone to step into a well-equipped office with good practice. Reason: health. "A" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Due to death, established practice with equipment. Good location in fine small city in southeastern Nebraska. For further information write Mrs. C. N. Allison, Falls City, Nebr.

FOR SALE: Located in Clarion county; chair, unit, cuspidor, cabinet all in good working condition. "71" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Dental practice and equipment complete with modern x-ray and gas. Only dentist in town of two thousand, large surrounding territory, northern Wisconsin, excellent hunting and fishing. New man can clear purchase price in first six months. "T" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Three-chair modern equipped dental office with x-ray and gas machine. Florida city of thirty-five thousand. In citrus belt. Ill health. Same location twenty-five years. Box 23, Lakeland, Fla.

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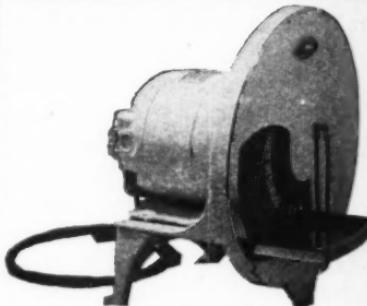
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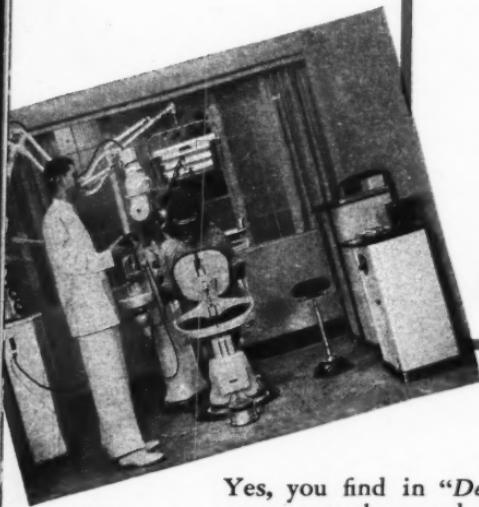
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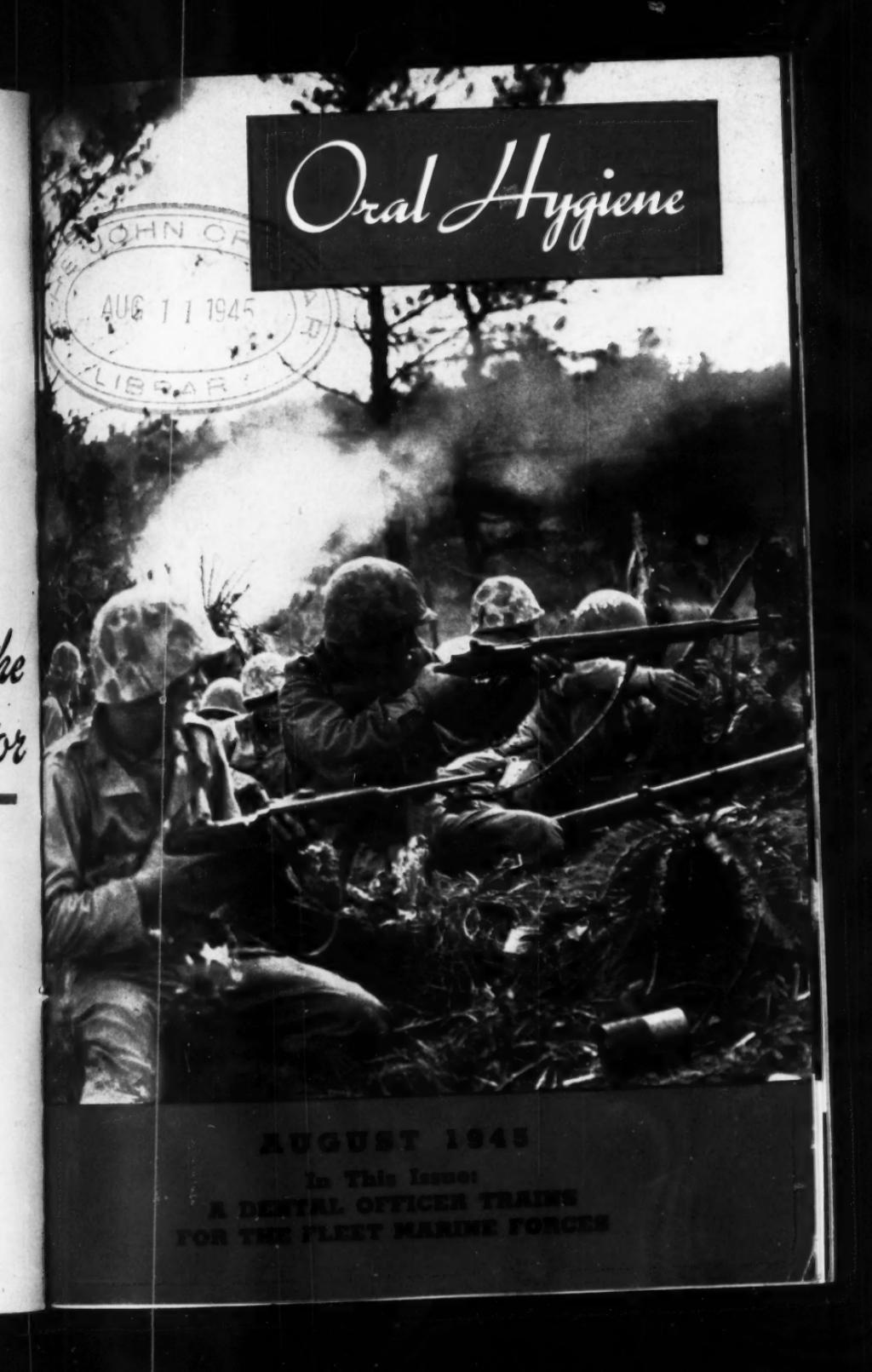
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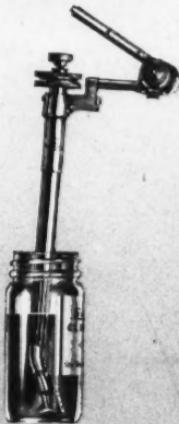
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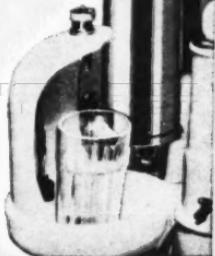
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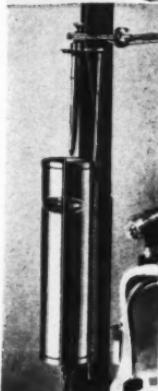
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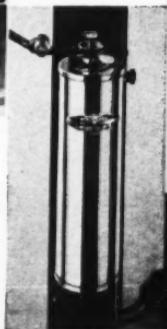
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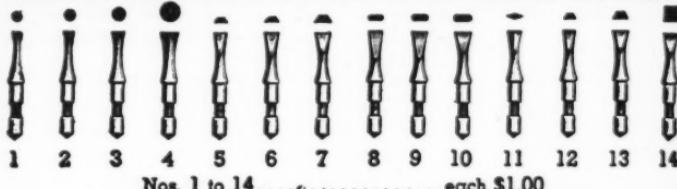
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